Hope into Action Portsmouth

Accommodation Referral Form

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| --- | --- |
| **About this form**This form helps us decide whether the applicant is suitable for our supported accommodation.**Who fills it in?** **The referring party (referrer) with the applicant’s input if possible**. Section 11 may be filled in by the referrer alone. The form must be completed **fully**; if a section is not relevant, please state N/A instead of leaving blank. If you are a church referrer we may call to discuss things further. OR An **applicant themselves.** If something does not apply to you, please write N/A in that section. Self referrals take more time, as we seek information and references. You can choose whether you’d like to fill in Section 11 for yourself or not.**What happens next?*** We will let you know we have received the application.
* If eligible, the applicant will be invited for initial interview. After this they may be invited for further assessment. Please be aware that this process can take several weeks.
* The referring party and/or referee will be informed of the outcome.
* Please note that housing may not be available immediately. Applications may be held on file until vacancies arise.

**What if the applicant is not accepted?**The referring agency and/or applicant will be informed, giving reasons for the decision.  | **Please include the following documents where relevant:*** Mental Health Diagnoses
* CPA (Care Plan Approach)
* MAPPA (Multi-Agency Public Protection Arrangements)
* MARAC (Multi-Agency Risk Assessment Conference)
* Risk assessment(including OASys/safercustody or equivalent)
* Pre-sentence report and list of previous convictions including spent convictions
* Prescribed medication sheets
* Two references preferably one personal (such as a minister) and one professional (such as offender manager or employer)

***If these documents are available we will need them before interviews can take place. If the above are not available, we require written information equivalent in nature**** Any other information which you feel will support the application

**Please return this form to:****Caroline Deans, Empowerment Worker**:**Email:** Caroline.Deans@hopeintoaction.org.uk**Post:** Hope into Action Portsmouth, 195 Powerscourt Road, Portsmouth, PO2 7JH**Phone:** 07494 874395  |

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICE USE ONLY | City receiving referral: | Date received | If no vacancies, keep on file until (6 months from date received) |
|  |  |  |
| Name of HIA team member receiving referral | Date acknowledged to referrer/ applicant  | Would the applicant like this shared with other HIA cities? |
|  |  |  |

## Applicant declaration & consent

|  |
| --- |
| I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any offer of housing, or if I have already moved into a Hope into Action property you may take legal action, which may result in you asking me to move out.I understand that withholding any information which raises the risk element of my assessment may also result in me losing my accommodation and support. The first 28 days of my license will act as a ‘probationary period.’I give permission for you to obtain further information from other relevant agencies, which may include Probation, Social Services, local authority housing departments, local authority housing benefit departments, the Police, Local Authority and benefit agencies, amongst others.Under the Data Protection Act 1998 we are required to obtain consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore you do not have to consent if you don’t want your information shared. However, it may be difficult to provide you with the services you need if you do not give your consent. |
| Signed (applicant) |  | Date |  |
| Print name |  |

## Applicant details

|  |  |
| --- | --- |
| Full name |  |
| Previous names |  |
| Address |  |
| Postcode |  | Home phone number |  |
| Mobile number |  |
| N.I. number |  | Nationality |  |
| Right to remain ID (if required) |  | Do they have ‘right to rent’?[[1]](#footnote-1) |  No Yes |
| UK/ European Passport Number |  | Other ID seen |  |
| Date of birth |  | Age |  | Gender | Male [ ]  Female [ ]  |
| Are you the same sex you were at birth? | No [ ]  Yes [ ]  |
| Do you need someone to sign for you? | No [ ]  Yes [ ]  |
| Do you need information in Braille? | No [ ]  Yes [ ]  |
| Do you have any mobility issues? | No [ ]  Yes [ ]  If yes, please give details: |
| Do you need an interpreter? | No [ ]  Yes [ ] If yes, which language?: |
| Which City would you like to be housed in  |  |
| Would you be prepared to move to another city | No [ ]  Yes [ ]  (Please Name City or Cities) |

## Next of kin details

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Phone number |  |
| Are we able to contact them in emergency or if we have concerns\*? (If not who would you like us to contact?) |  |

## Children and dependants

|  |
| --- |
| Do you have (or have you had) any children? [ ]  Yes [ ]  No Are they ‘dependent’? (are you the primary care giver who gets the child benefit etc) [ ]  Yes [ ]  NoDo they live with you? [ ]  Yes [ ]  NoDo you have other dependants? (eg: someone you care for who is reliant on you?) [ ]  Yes [ ]  NoAre / could you be pregnant or expecting a baby at the moment? [ ]  Yes [ ]  NoPlease give details for any ‘Yes’ boxes ticked above: |

## Pets

Animals are not permitted at HIA houses, do you have an pets?

 Yes No

## \*We may need to contact them should you abandon the property or leave us whilst still owing money for example

## Applicant’s Support needs

Hope Into Action provide SUPPORTED accommodation. Please tick as many boxes as you like, whether they are areas in which you feel you NEED support or are CURRENTLY RECEIVING support in: (This will create your action plan, so please be honest and only tick the areas in which you are WILLING to address)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tenancy | Keeping your room/home safe, clean and tidy | [ ]  | Learning how to cook | [ ]  |
| Warnings or evictions | [ ]  | Arranging repairs | [ ]  |
| Crime  | Offending behaviour | [ ]  | Violent / aggressive or threatening behaviour | [ ]  |
| Health – substance misuse | Drug reduction programme | [ ]  | Alcohol problems | [ ]   |
| Health –physical & mental | Getting a doctor | [ ]  | Depression | [ ]  |
| Exercise | [ ]  | Hygiene | [ ]  |
| Disability issues | [ ]  | Mental health & wellbeing (includes counselling, specialist support or general improvements) | [ ]  |
| Meaningful use of time& volunteering | Volunteering | [ ]  | Interests / hobbies | [ ]  |
| Short courses for leisure | [ ]  | ‘Giving back’ | [ ]  |
| Employment, education, training | Employment | [ ]  | Training | [ ]  |
| Education | [ ]  | Job applications & CVs | [ ]  |
| Literacy / numeracy  | [ ]  | Gaining basic qualifications(e.g. English, Maths) | [ ]  |
| Social & family relationships, inc. support networks | Family links (this may include drawing closer or pulling away depending on their influence) | [ ]  | Making new friends (and positive influences) | [ ]  |
| Re-establishing or maintaining contact with children  | [ ]  | Gaining custody or contact of children | [ ]  |
| Other social networks | [ ]  | Isolation | [ ]  |
| Finance & budgeting | Paying rent / bills | [ ]  | Claiming benefits | [ ]  |
| Budgeting | [ ]  | Clearing debts | [ ]  |
| Diversity  | Cultural needs | [ ]  | Religion / faith | [ ]  |
| Sexual orientation | [ ]  |  |  |
| Other | Domestic abuse | [ ]  | Legal matters not related to offending | [ ]  |
| Gambling | [ ]  | Help with language  | [ ]  |

|  |
| --- |
| Please state any other areas in which you need support:      |

## Current accommodation details

|  |  |  |
| --- | --- | --- |
| [ ]  No fixed abode[ ]  Rough sleeping[ ]  Sofa surfing[ ]  Friends / family[ ]  Parental home | [ ]  Rehab unit[ ]  Prison[ ]  Hospital[ ]  Foster care[ ]  Bed & breakfast | [ ]  Private rented [ ]  Council tenancy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Housing association tenancy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Hostel provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Supported housing with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Housing History

|  |  |
| --- | --- |
| Have you ever lived in shared accommodation?(Not including friends / family) | [ ]  No [ ]  Yes  |
| If yes, what was your experience like?       |
| Have you ever lived in independent accommodation? | [ ]  No [ ]  Yes  |
| If yes, please give details, including dates, type of housing and **reason for loss of tenancy**       |
| Where have you lived for AT LEAST the past five years? (Include any hospital or prison stays) |
| Address | From | To | Reason for leaving |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| Have you ever been evicted? | [ ]  No [ ]  Yes |
| If yes, was the eviction for any of the following reasons:Because you were violentBecause you were harassing someoneBecause of non-payment of rentBecause you were drug taking / dealingBecause of noise nuisanceBecause of ASB | [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes[ ]  No [ ]  Yes |
| Which local authority do you have the greatest local connection with? |       |
| Are you on a local authority housing register? | No [ ]  Yes [ ]  If yes, which one?       |
| If yes, please include a copy of the housing application and bidding/homelink number: |  |
| Have you applied to any other supported housing? | No [ ]  Yes [ ] If yes, give details of agencies and responses received.       |

1. Offending history – if none, please tick and move to section 5**:** [ ]  Please state applicant’s current sentence or give details of most recent sentence.

|  |  |
| --- | --- |
| [ ]  Prison | Offence:       Length of sentence:       Prison number:      Likely release date and type of release:      Name and address of prison:       Offender manager / probation details so we can receive and OAYSYS report: |
| [ ]  Community Order[ ]  Suspended Sentence Order | Offence:      Please tick all that apply:[ ]  Unpaid Work [ ]  Prohibited Activity [ ]  Specified Activity [ ]  Exclusion [ ]  Programme [ ]  Curfew [ ]  Residence [ ]  Supervision [ ]  Attendance Centre [ ]  Mental Health Requirement [ ]  Drug Rehabilitation [ ]  Alcohol Treatment Start date:       Finish date:       |
| [ ]  Licence | Offence:      [ ]  Young Offender [ ]  Extended Licence [ ]  Home Detention Curfew [ ]  Life LicenceStart date:       Finish date:       |

## Please provide details of past offences, crimes or investigations:

|  |  |
| --- | --- |
| Do you have any history of the following: | Tick all that applyArson: Yes [ ]  No [ ]  Risk to children: Yes [ ]  No [ ]  Sex offences: Yes [ ]  No [ ]  Offense against vulnerable adults: Yes [ ]  No [ ] Violence (ABH/ GBH/ DA etc) : Yes [ ]  No [ ] Child Protection Issues: Yes [ ]  No [ ] Supply of Illegal Drugs: Yes [ ]  No [ ]  |
| Are you registered under the sex offenders Registration Act (1997)? | Yes [ ]  No [ ]  |
| Are you or do you think you may be on the barred list for working with children or vulnerable adults? | Yes [ ]  No [ ]  |
| Are you on a MARAC. If Yes, please give details of IDVA: | Yes [ ]  No [ ]  |
| Are you on a MAPPA. If Yes, please give details of level: | Yes [ ]  No [ ]  |
| Please give details of previous **offences** (or attach list of previous convictions) | Date | Offence(s) | Sentence received or decision made |
|       |       |       |
| Please list any court cases/police investigations pending/ongoing, TIC or state none |       |

## Substance use

Substance users must be stable or addressing their drug / alcohol misuse in a planned approach via support services. This is because of the difficulty managing health and safety problems caused by chaotic substance users in shared residential environments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you using, abusing or have you ever used, any of the following?AlcoholAmphetamines (speed)CannabisCocaineCrack CocaineCrystal MethEcstasyHeroinOpiates/OpiodsKetamine‘Legal highs’, i.e. New Psychoactive Substances (NPSs)MethadonePrescription medicationSolventsTranquillisersOther (please specify)  | Current[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | Previous[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Never[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |  |
| Please tell us about your previous and current drug useE.g. how much did you use, how often, when was the last time, triggers or reasons for drug use       |
| Do you carry a Narloxone Pack? | [ ]  No [ ]  Yes |
| Are you on or awaiting any drug or alcohol treatment programme? | [ ]  No [ ]  Yes If yes, please give details of agency and programme:       |
| In a typical week how many units of alcohol do you drink? (if you’re unsure about ‘units’ please state what and how much you drink)      Please tell us about your current and previous alcohol useE.g. how much, how often, when was the last time, any triggers you’re aware of       |

## Physical, Mental Health and Wellbeing

|  |
| --- |
| Are you registered with a GP? [ ]  No[ ]  YesIf yes, please provide name and address:       |
| Do you have any concerns about your: Mental / emotional health & wellbeingMedical / physical health |  [ ]  No [ ]  Yes [ ]  Previously [ ]  No [ ]  Yes [ ]  Previously  |
| If yes or previously, please provide details (this might include treatment received, medication taken, symptoms etc.)      |
| If you suffer from mental health issues how would we know you are becoming unwell (describe attitudes, behaviour, etc): |

## Meaningful use of time and employment

|  |
| --- |
| Please write something about the things you have done, currently do, and/or would like to do to occupy your time: |
| Employment, education, training      |
| Sport, music, arts, other hobbies and talents      |
| Literacy / numeracy needs, including help with language      |

## Social Networks / family and friends

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| Please give some details about your **social** networks, **both positive and negative** |
| Family links      | Peers / friends      |
| Domestic Abuse | Other Faith groups/clubs |
|  Do you feel Isolation / loneliness       | Any other social networks we should be aware of (eg gangs you’re trying to avoid etc)      |

## Financial situation

|  |  |  |
| --- | --- | --- |
| What is your current income?(tick all that apply) | [ ]  Jobseeker’s Allowance (JSA)[ ]  Employment Support Allowance (ESA)[ ]  Disability Living Allowance (DLA)[ ]  Personal Independence Payment (PIP)[ ]  Universal Credit (UC) | [ ]  Working Tax Credits (WTC)[ ]  Child Tax Credits (CTC)[ ]  Income Support (IS)[ ]  Wages[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How much do you receive and how often? On what day? |       |
| Do you have any rent arrears? | [ ]  No [ ]  YesIf yes, please give details, including the amount owed, and any agreements you have made to repay them       |
| Do you have any other debts?(e.g. Loans from friends, Council Tax, benefit overpayments, payday or personal loans, credit cards, catalogues) | [ ]  No [ ]  YesIf yes, please give details, including the amount owed, and any agreements you have made to repay them       |

## Your goals, interests and motivation

|  |
| --- |
| Are there any skills or interests you would like to develop? What would you like to see happen over the next two years of your life?     How would a place with HIA help you? Please include anything else about yourself or your situation which may be helpful to Hope into Action staff when considering your suitability. |
| Please place a cross on the line to show how strong your **desire** is to change. 0 5 10I have no desire to change I really want to try I’m completely committedCan you give us an example of how you have implemented positive change in your life:Please place a cross on the line to show how **able** you feel to make the necessary changes.  0 5 10 There’s no way I can do it I think I can do it with support I’m completely able to do it on my ownIn what area(s) of your life, will you benefit from our support the most? |

## Other agencies

If you are receiving help from any other person or agency, please list them here (e.g. doctor, social worker, Probation officer, community psychiatric nurse, advocate, family, friend etc.). Hope into Action may contact them as part of our assessment process to discuss your housing and support needs. It is essential Hope into Action has this information to ensure we can offer appropriate accommodation and support.

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) | Job title & agency | Contact address | Telephone & email address |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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##  Risk of harm assessment / Safety issues \*Referrer can choose to complete this either with the applicant present or not. PLEASE INCLUDE ANY AGENCY RISK ASSESMENTS WITH THIS APPLICATION

|  |  |
| --- | --- |
| **Referrer**, please indicate whether you consider the applicant to present a risk in any of the following categories:\*If you can not give an educated answer please state so and we will contact alternative sources | [ ]  To self[ ]  To the community[ ]  Towards staff[ ]  Towards previous victims[ ]  Towards other tenants[ ]  From others |
| Is there any history of the following (prosecuted or otherwise): |
| **By** the client?[ ]  Physical abuse[ ]  Mental abuse[ ]  Sexual abuse[ ]  Racial abuse[ ]  Verbal abuse[ ]  Intimidation/Bullying[ ]  Damage to property | **Towards** the client?[ ]  Physical abuse[ ]  Mental abuse[ ]  Sexual abuse[ ]  Racial abuse[ ]  Verbal abuse[ ]  Intimidation/Bullying[ ]  Damage to property |
| Where a risk of harm is identified, please give details, considering the following factors:* What will increase / reduce the risk? What type of harm is likely to occur?
* How severe would this be? How likely is this to happen?
* What is the consequence of the applicant living in a Hope into Action property?
* What is your assessment based on?
 |
|       |

## Referrer’s details

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Address |  |
| Postcode |  | Contact number |  |
| Email address |  |
| Relationship to ApplicantHow long have you known them?How often do you see them? Will this continue once they are housed? | *(please include whether it’s a personal or professional capacity)* |
|  |
|  |

## Referrer’s assessment

|  |
| --- |
| What is the current housing situation of the applicant? Why do they need supported housing? |
|       |
| Why do you feel Hope into Action would be a suitable supported housing option for the applicant?Your assessment should include information about the following points:* Risk of harm
* Offending history/ likelihood of re-offending
* Behaviour traits
* Attitudes (especially on cultural / racial diversity, gender, sexual orientation)
* Motivation to address support needs
* Attendance and engagement with support agencies, e.g. Probation, drug/alcohol agencies
* Any other information that would be helpful to staff assessing suitability of the applicant
 |
|       |
| What is your knowledge of the applicant’s suitability to live in shared supported accommodation with other tenants who may be vulnerable?(If you don’t know him/her well enough to make informed comments, please state this.) |
|       |
| What is the current and future level of contact you plan to have with the applicant? |
|       |
| I confirm that, to the best of my knowledge, the information contained within this application is truthful, accurate and as complete as possible. |
| Signed (referrer): |  | Date: |  |

**Monitoring - PLEASE NOTE – THE APPLICANT’S DETAILS ARE REQUIRED HERE**

Hope into Action is committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants.

Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision-making process.

*You do not have to complete this section if you don’t want to.*

Gender: [ ]  Male [ ]  Female [ ]  Transgender [ ]  Prefer not to say

Age: [ ]  Under 20 [ ]  21-30 [ ]  31-40 [ ]  41-50 51- [ ] 60 [ ] 61+
 [ ]  Prefer not to say

Do you consider yourself to have a disability? [ ]  Yes [ ]  No [ ]  Prefer not to say
If yes, what sort of disability?
[ ]  Sight disability [ ] Hearing disability [ ]  Physical disability
[ ]  Learning disability [ ]  Mental health disability [ ] Prefer not to say

Sexuality: [ ]  Heterosexual [ ]  Homosexual [ ]  Bisexual [ ] Prefer not to say

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Prefer not to say

Which group best describes your ethnicity?

[ ]  Prefer not to say

|  |  |  |  |
| --- | --- | --- | --- |
| White | [ ]  British | [ ]  Irish | [ ]  Other |
| Black or Black British | [ ]  Caribbean | [ ]  African | [ ]  Other |
| Asian or Asian British | [ ]  Indian | [ ]  Pakistani | [ ]  Bangladeshi |
| [ ]  Other |  |
| Chinese | [ ]  Chinese  | [ ]  Other |
| Mixed | [ ]  White and black Caribbean | [ ]  White and black African  |
| [ ]  White and Asian | [ ]  Other |
| Gypsy and traveler | [ ]  Romany Gypsy | [ ]  Traveller – Irish origin | [ ]  Traveller - other |
| [ ]  Other |  |

1. Please refer to list of required ID and documentation for further clarification [↑](#footnote-ref-1)