HOUSING RELATED

Support referral form

This form is for you if:

A) You need support to overcome any issues that may lead to homelessness
B) You are a person who needs support to continue to live independently in your own home or need to develop the skills to do so.

Our support service is short term and is free. Our support may compliment other services but will not replace care packages provided by health or social care services.

Should you have any questions about this service please contact GreenSquare

GreenSquare Housing Support
Chedworth House
Green Farm Business Park
Quedgeley
Gloucester
GL2 4LY

Telephone: 01452 726951
Email: glos.support@greensquaregroup.com

Please send your completed form to the address above.

We will let you and any link agency know when a support worker will arrange to meet with you to carry out an assessment of your needs.

Data Protection and Confidentiality Statement:

Under the Data Protection Act 1998, any personal information that you supply is confidential & will be held by GreenSquare in accordance with the Act. Information may be shared with third parties but only with your permission or in accordance with Safeguarding procedures. Do you give your permission for us to contact the other agencies you may currently be working with.

Applicant Signature:		**Date:**	
Applicant agreed and Signed on their Behalf:		**Date:**	

Referral agency, with the knowledge & consent of the applicant

Please also complete attached Risk Assessment form or provide a current risk assessment from your organisation and enclose with the application.

Name:	
Signature:	
Agency:	
Address:	
Postcode:	
Contact Number/s:	
E Mail:	
Nature of involvement with applicant:	
How long have you known the applicant?	Years Months
Do you visit the applicant in their home?	Yes/No
Do you believe the applicant poses a risk to themselves or to others?	Yes/No
If yes please provide details on the risk assessment form on page 7.	

For office use only	Date received:		Taken by:
Date allocated to SW:		Reference Number:	
Referrer's Name:		Contact Number:	

All sections must be completed in full.
If you need help completing this form please contact us on 01452 726951.

Full Name/s:			
Address or c/o:		**Date/s of Birth:**	**Age/s:**
		Tel. Number/s or other contact number:	
Postcode			
Gender		**NI Number**	
Preferred communication/contact method(e.g. telephone, letter, email etc.)			
Do you have any cultural or specific communication needs?			
Marital Status			

Tell us about others who live in your home					
Name:	Gender	DOB	Name:	Gender	DOB
Next of Kin / Emergency Contact					
Name & Contact No.					
Relationship to you					

Housing status	
Details of landlord or mortgage provider:	

Do you have any housing / accommodation issues (Anti Social Behaviour, Repairs, Rent Arrears, Eviction Notices, Resettlement, Adaptations to Property, Social Isolation)
Do you have any debt / budgeting issues (Personal Admin, Independent Living)
Do you have benefit issues (Are you in Receipt of Benefits, do you need Support in this area)

Do you have any current / ex offending behaviour (Probation, Involvement with the Police, Anti-Social Behaviour)
Do you have any health issues (Physical Health, Mental Health, Learning Difficulties)
Problematic Substance Misuse (Drug issues, Alcohol issues)

Please use this box to summarise the support needed and any additional information we might have missed.
Would you be interested in joining a social group run by Greensquare ? **Yes**

Please tell us the details of any agency you are in <u>contact with now or have been in the last year</u>, using space left for "other" if necessary.

Relationship to you	Name	Contact Number	Permission to contact
GP/District Nurse			YES / NO
Health Visitor			YES / NO
Probation Officer			YES / NO
Psychiatrist/CPN			YES / NO
Social Worker			YES / NO
Other			YES / NO
			YES / NO

Please give details if there are any best days &/or times to contact you:
How did you hear about our Service?

Risk Assessment

Self Risk Assessment:

Please answer the following questions as honestly and accurately as possible. Not completing or inaccurately completing it may result in a delay in your application.

Referral Agent Risk Assessment:
Please include information based upon your own work with the applicant, as well as any known history. If any of the information you pass on to us needs further clarification, please use the end of the form to pass on your concerns. We request that you involve your client in this process wherever possible, unless to do so would in your opinion increase the potential risk(s) posed.

Statutory Risk Assessment

Does your organisation carry out Statutory Risk Assessments? **Yes** ☐ **No** ☐

If **Yes**, is the most recent Risk Assessment attached? **Yes** ☐ **No** ☐

If you answered **No** or you are unable to provide a Statutory Risk Assessment, please complete the following Risk Assessment as fully as you can.

Please note that we will be unable to process this referral without a risk assessment.

A. Dangerous Behaviour

Are there any known incidents of violence?

Yes ☐ **No** ☐ (If **yes**, to whom?)

Staff	☐	Public	☐
Family	☐	Friends / Associates	☐

Severity of incidents

No issues	☐	Minor injury	☐
Serious injury	☐	Death	☐

Occurrence

Once	☐	Occasionally	☐

Sexual assaults / exposure? **Yes** ☐ **No** ☐

Anger management concerns / impulsive behaviour? **Yes** ☐ **No** ☐

Abuse / harassment of others? **Yes** ☐ **No** ☐

Deliberate damage to property / arson? **Yes** ☐ **No** ☐

B. Drug and alcohol use

Drug / alcohol abuse? **Yes** ☐ **No** ☐

C. Emotional / mental health problems

Detained under the Mental Health Act	☐	Personality Disorder	☐
Known history of suicide attempts	☐	Dual Diagnosis	☐
Persistent provocative behaviours	☐	History of self harm	☐

D. Self care / risk from others

History of serious self-neglect	☐	History of being harassed	☐
History of being abused / exploited	☐	History of domestic abuse	☐
Accidental harm (e.g. kitchen fires careless smoking)	☐	Physical health issues	☐

E. Risk from associates

Is there a known risk from friends or family?	**Yes** ☐	**No** ☐
If Yes, do any of these people live in the property?	**Yes** ☐	**No** ☐
Are these people regular visitors?	**Yes** ☐	**No** ☐

F. Any other Risks?

Do you have any pets?	**Yes** ☐	**No** ☐
Do you smoke?	**Yes** ☐	**No** ☐
Is your property wheelchair accessible?	**Yes** ☐	**No** ☐

If you answered yes to any of the above we can still support you but need full details, please provide below .

Equality (Optional)

How would you describe your ethnic background? (Please Tick)

a)	**White**	British	□	Irish	□	Other	□	
b)	**Mixed**	White & Black Caribbean	□	White & Black African			□	
		White & Black Asian	□	Other	□			
c)	**Asian or Asian British**	Indian	□	Pakistani	□	Bangladeshi	□	
		Other	□					
d)	**Black or Black British**	Caribbean	□	African	□	Other	□	
e)	**Chinese or other ethnic group**			Chinese	□	Other	□	
f)	**Gypsy, Romany, Irish Traveller**		□					
g)	**Refused**		□					

Do you consider yourself to be disabled?

If Yes please tick that which best describes your disability:

a)	**Mobility**	□
b)	**Visual impairment**	□
c)	**Hearing impairment**	□
d)	**Progressive disability/chronic illness**	□
e)	**Mental Health**	□
f)	**Learning disability**	□
g)	**Other**	□
h)	**Refused**	□

What do you consider to be your religion? Please tick that which best describes your belief system:

a)	**None**	□	f)	**Muslim**	□
b)	**Christian (all denominations)**	□	g)	**Sikh**	□
c)	**Buddhist**	□	h)	**Any other religion**	□
d)	**Hindu**	□	i)	**Unknown**	□
e)	**Jewish**	□	j)	**Refused**	□

Sexual Orientation :	**Armed Forces :**