

Date Referral Received

Plymouth Offender Accommodation

Service ID No

Common Referral Form

Confidential When Completed

Referral From (ie Probation/Prison)		
Contact Point		
Tel No (inc dial code)		
E-mail:		

PART I – APPLICANT PERSONAL DETAILS

Surname						
Forename(s)						
Title		M/F		DOB		Age
Ethnicity						

Is the applicant currently:

A Prisoner

Under OM supervision in the Community

Date accommodation required from:

(if immediately required please insert date of referral)

PNC ID *(If applicable)*

Probation CRN

(If applicable)

N.I Number

Tier Level 1 to 4 (note only tier 3 & 4 can be referred to PAG):

Is Application subject to MAPPA?

Y

N

If Yes, MAPPA Level (1-3)

Is this applicant a PPO?

Y

N

Offence Details – Current and previous. Please provide dates and as much detail as possible.

Current Address *(inc, Prison name & address if appropriate)*

Postcode:

Tel No:

PART 2 – REFERRAL OF APPLICANT CURRENTLY IN CUSTODY

Please fill out either this section or part 3 as appropriate

Name of Offender Supervisor <i>(or other key contact in prison)</i>	
Tel No	
E-Mail	

Prison No	
Earliest date of release	
Length of Sentence	

Details of licence conditions on release

Will any additional requirements be added to the licence? Please state:

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Supervision Details on Release <i>(licence type or AUR)</i>	Start Date	End Date	Comments

PART 3 – COMMUNITY BASED REFFERALS ONLY

For offenders currently on licence in the community

Supervision/Order/Licence details	Start Date	End Date

Requirements attached to any Community or Suspended Sentence

Supervision	<input type="checkbox"/>	Exclusion	<input type="checkbox"/>	Programme	<input type="checkbox"/>
Unpaid Work	<input type="checkbox"/>	Residence	<input type="checkbox"/>	Curfew	<input type="checkbox"/>
Specified Activity	<input type="checkbox"/>	Mental Health Treatment	<input type="checkbox"/>	Attendance Centre	<input type="checkbox"/>
Prohibited Activity	<input type="checkbox"/>	Drug Rehabilitation	<input type="checkbox"/>	Alcohol Treatment	<input type="checkbox"/>

Current accommodation status (please state):

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Please can you indicate why you are making this referral: (ie – at risk of facing eviction/homeless/relationship breakdown etc)

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PART 4 – APPROPRIATE ACCOMMODATION FOR THE APPLICANT

Are there any restrictions or specific requirements in relation to type of accommodation? (e.g. anticipated bail conditions, MAPPA conditions, **ASBO** conditions)

If Yes, please give details below

Please name any locations that should be avoided and explain why – including victim contact issues / victim location, exclusion zones and prohibited activities

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What (if any) accommodation work has already been done?

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PART 5 – ACCOMMODATION HISTORY

Accommodation providers need an accurate history of previous addresses & reasons for leaving

Please give details of previous 3 addresses, starting with the most recent.

Address 1:		
Landlord/Owner:	Type of accommodation :	
Date Moved In:	Date Left:	Evicted (Y/N)
Reason for Eviction/ Leaving Accommodation:		

Address 2:		
Landlord/Owner:	Type of accommodation:	
Date Moved In	Date Left:	Evicted (Y/N)
Reason for Eviction/ Leaving Accommodation:		

Address 3:		
Landlord/Owner:	Type of accommodation:	
Date Moved In:	Date Left:	Evicted (Y/N)
Reason for Eviction/ Leaving Accommodation:		

PART 6 – SUPPORT NEEDS AND OTHER RELEVANT ISSUES

Has the applicant been in care?

If the applicant is under 21 and has been in care there is a local authority responsibility to assist with their accommodation.

Y
N

How will the applicant pay for their accommodation?

Job Secured
Apply for benefit
In receipt of benefits

Support Need/Issue	Y/N	Current support in place Include any Agencies involved and their contact details/Programmes Attended in Prison/community	Will the applicant need to deal with this issue? If YES, detail need & support reqd. from accommodation provider/others
Alcohol Misuse			
Drug Misuse			
Mental Health <i>Diagnosis, medication, length of illness</i>			
Physical Health <i>Diagnosis, medication, length of illness</i>			
Physical/Mental Disability/Learning Disability <i>(please specify)</i>			
Risk from Others / Fear of Others <i>(please specify)</i>			
Language support <i>e.g. interpreter</i>			
Independent Living Skills / Institutionalisation			
Skills to keep a Tenancy			
Budgeting & Debt Management			
Medication			
Self Harm <i>History and details of last event</i>			
Literacy and/or numeracy			
Family/personal/ relationship issues			
Planning for ETE			
Other Needs & Issues <i>e.g. eating disorders, lack of confidence, history of prostitution, pet etc</i>			

PART 7 – RISK ASSESSMENT – MUST BE COMPLETED

Does the applicant currently present any of the following risks to others or to themselves?

Sexual or violent behaviour / aggression	Y/N	Risk Level (0 – 5)	Risks accentuated by any trigger factors (state what)?	Please inc: dates of sentences / incidents
Children <i>(own or other)</i>				
Women				
BME				
Gay/Lesbian				
Family Members				
Staff				
Public				
Risk of using/carrying weapons				
History of Mental Health?				
Attempting suicide or expressing suicidal thoughts?				
History of being exploited or of exploiting/manipulating others?				
Convictions for: arson, violent offences, sex offences, risk to children, racially motivated crime?				

PART 8 – STATEMENT FROM REFERRING OFFICER

Is the applicant motivated to change?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Is the applicant likely to co-operate with support?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Based on your assessment, what type and location of accommodation and related support, would best enable this applicant to successfully resettle into the community?

Signed:		Date:	
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PART 9 – STATEMENT BY ACCOMMODATION APPLICANT

To be completed by the applicant themselves. Please continue on separate sheet and attach if necessary.

What kind of plans or ideas do you have - e.g. any changes you want to make to your lifestyle?

Please Provide Details:

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Would getting or avoiding a particular type of accommodation or area help you keep away from crime?

Please explain:

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What kinds of things would you want a housing provider to help you with?

Please Provide Details:

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Declaration

The information I have given is accurate to the best of my knowledge.

I understand that if I obtain accommodation by knowingly giving false information, I risk losing the accommodation provided to me.

Information Exchange

In order for housing agencies and local authorities to find out if they can meet your needs and provide appropriate housing and or services, they need to know about your housing and offending histories and any risk of harm you may pose to either yourself or other people.

I agree to allow any information contained within this document to be shared with housing providers and any other organisation that may be able to assist in providing me with suitable accommodation.

I understand that each organisation my information could be shared with will have their own confidentiality policy, and in normal circumstances will not disclose my information further. However, if there is a serious risk of harm to others, or yourself, section 115 of the Crime and Disorder Act 1998 provides for my information to be discussed as is considered necessary.

I agree to personal details and monitoring information being stored by any service and/or other agencies contacted to assist me.

I agree to PATH monitoring my progress in relation to accommodation and the avoidance of offending, for research purposes. I understand any published information will not identify any individuals.

**Applicant
Signature:**

Print Name:

Date:
