

Refugee Housing Support Service

Referral Form



| Office use only | | |
|-----------------|-------------|------------|
| RHSS No: | Path ID No: | Date Rec'd |
| | | |



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|-------------------------------|--|-------------|--|
| Name of Referrer (self/agent) | | | |
| Organisation: | | Contact No: | |
| Address: | | | |

| About You | | | | |
|---------------------------|--|-------------------------|--------------------------|----------------|
| First Names: | | | Family Name: | |
| NI No: | | | Contact No: | |
| Age: | | Gender: | | Date of Birth: |
| Address: | | | | |
| | | | | Postcode: |
| Languages: spoken/written | | | Interpreter needed: | Y N |
| Country of Origin: | | Ethnicity: | | Religion: |
| Refugee Status: | | | Date Status was granted: | |
| NASS/NAM Number: | | Name of NAM case-owner: | | |

| Other people in your household: | | | | |
|---------------------------------|---------------|------|------|---------|
| Name: | Relationship: | DOB: | Age: | Gender: |
| | | | | |
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Refugee Housing Support Service

| Your Details | | | |
|-------------------------------------|---|---|---|
| Economic Status | Full Time Employed <input type="checkbox"/> | Part Time Employed <input type="checkbox"/> | Govt training/New deal <input type="checkbox"/> |
| Job Seeker <input type="checkbox"/> | Retired <input type="checkbox"/> | FT Education <input type="checkbox"/> | Child under 16 <input type="checkbox"/> |
| Unable to work: | | Other: | |

| Benefits /Income | In receipt of | Awaiting decision | Not claimed | | In receipt of | Awaiting decision | Not claimed |
|-----------------------|---------------|-------------------|-------------|-----------------------------|---------------|-------------------|-------------|
| NASS Support | | | | Incapacity Benefit | | | |
| Job Seekers Allowance | | | | Disability Living Allowance | | | |
| Income Support | | | | Wages/salary | | | |
| Housing Benefit | | | | Pension | | | |
| Child Benefit | | | | Integration Loan | | | |
| Tax Credits | | | | Other (detail): | | | |
| Social Funds | | | | None: | | | |

| Other Support Agencies | Contact Name | Telephone No |
|------------------------|--------------|--------------|
| GP | | |
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| Accommodation Status (e.g. Where did the client stay last night?) Please tick one box | | | |
|---|--|--|--|
| Bed & Breakfast <input type="checkbox"/> | Staying with Friend <input type="checkbox"/> | Rough Sleeper <input type="checkbox"/> | Staying with Relative <input type="checkbox"/> |
| Housing Association <input type="checkbox"/> | Hostel <input type="checkbox"/> | Council <input type="checkbox"/> | NFA/Sofa Surfing <input type="checkbox"/> |
| Private Rented <input type="checkbox"/> | Supported Accommodation <input type="checkbox"/> | Prison <input type="checkbox"/> | Other <input type="checkbox"/> |

How long has the client been living in Plymouth area? years months days

If less than 6 months, which area did they live in?
How long did the client live in this area? years months days

| Current Tenancy Details | | | |
|--|---|-------------------|-------|
| Landlord/Accom. Provider | | Contact No | |
| Tenancy Start Date | | Tenancy Type | |
| Total Income | £ | Rent per wk/month | £ |
| Exc. Housing Benefit | | Housing Benefit | £ |
| Rent Arrears? | £ | Top Up | |
| Housing Benefit received/pending – Provide details | | | |
| Has the Local Authority been approached for housing? | | | Y / N |
| Is the Client amenable to hostel/shared housing? | | | Y / N |

Refugee Housing Support Service

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| Reason for Referral |
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| Immediate Presenting Issues: |
| Housing (stay safe) |
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| Is the current accommodation temporary? Is this due to end soon? |
| Are there rent arrears? |
| Has an eviction order been issued? Date of Eviction? |
| Finance and Benefits (economic wellbeing) |
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| Are there issues with accessing benefits? Are there any debt problems? |
| Education, Training and Employment (enjoy and achieve) |
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| Health (be healthy) |
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| Cultural Integration and social Inclusion (make a positive contribution) |
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| Legal Issues |
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Refugee Housing Support Service

Risk Assessment – to accompany referral form

The following questions are relevant to the Health and Safety of both the Refugee Housing Support Service client and the workers. The information given on this risk assessment regarding housing issues will be used to inform the housing support workers practice. If you are uncertain about the answers or simply do not know, please state 'don't know' in the relevant box.
Thank you for taking the time to complete this.

Please note if you are a MENTAL HEALTH PROFESSIONAL employed by the PCT or a SOCIAL WORKER in the statutory sector completing this application, the Refugee Housing Support Service will require a current PCT Care Programme Approach (CPA) with a recent risk assessment or a current Social Services assessment of need/risk.

Name of person being referred:

Current address:

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| Environmental: state of accommodation, locality |
| Is there a risk to visitors visiting the property? |
| Is the environment safe to visit (e.g. good access to and from property, street lighting etc)? |
| Please describe any concerns: |
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| Threat to Safety: From others, to others |
| Has the person being referred been harassed by neighbours? |
| Has racial abuse been cited by the person being referred? |
| Please describe any concerns: |
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| Health: Mental health, Physical health, worries, anxieties |
| Are there any issues causing distress or anxiety to the person being referred? |
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| Do you know of any mental or physical health issues, which the Refugee Housing Support Service needs to be aware of in order to work with this client in their home? |
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| |

Signed:

Referring Agency:

Name:

Date:

Please return, completed, with accompanying referral form