



Be Strong Referral Form

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Full name of person referred

Office use only		Please state worker completing action		
Date received	Date Acknowledge	Date of Visit	Date of Interview	Referrer informed of outcome

Referral Information for Agencies

Be Strong offers housing related support to people over 18 and aims to assist these people to live independent lives. **Be Strong** volunteers help the person move towards greater independence, to take control of their own lives and ultimately making the successful transition to achieving their own tenancy.

Referral guidelines

1. Eligibility Criteria: **Be Strong House** is open to people who are vulnerable, homeless or in unsuitable accommodation.
2. Referrals must be made by agencies on this form.
3. Before agencies refer, the nature of the project should be fully explained and be acceptable to the person.
4. Information sharing during a referral is essential. Following the completion of the referral form a meeting will take place between the Project Manager, the Referrer and the person.
5. Where available the referring agency should forward any existing full risk assessment and pathway plan relating to the person.

People who have a history of sex offences, risk to children status, serious alcohol and/or drug issues, severe mental health problems or arson will not be considered.

Referral form

Details of agency referring the person

Name of agency:

Date of referral:

Address:

Contact name:

Office telephone number:

Mobile telephone number:

Email:

Nature of relationship with person / how long have you known them?

Person's details

Name:

Date of birth:

Age:

NI. No:

Marital status:

Nationality:

Circle which of the following the applicant has to hand:

Birth Certificate, Marriage Certificate, Driving Licence, Passport, Medical Card

Which Bank does the applicant bank with:

Current address:

Telephone number:

Gender: Male Female

Is he/she registered with a doctor?

Yes/ No

If so, give details and address

Is he/she registered with a dentist?

Yes/ No

If so , give details details and address

Is he/she registered with a opticians?

Yes/ No

If so , give details details and address

Reason for referral

(Include reasons for leaving current address and any relevant information)

Profile of the person

Is the person subject to any of the following?

Care Order Section 31	Yes	No
Section 20 Accommodated		
Section 17 Funded		
ASBO		
Supervision Order		
Community Rehabilitation Order		
Mappa Involvement		
PPU Involvement		

If you have answered Yes to any of the above please give details below.

If the person has ever been in prison write date, length of sentence and nature of criminal offence.

Family history/ background

Personal situation/care history

Employment

Details of any substance misuse (drugs or alcohol). Include past and current usage, details of any rehab or detox attended, and any on going support being received.

Physical health	Yes	No
Lack of self care		
Recent hospitalisation		
Mobility problems		

If yes give details: -

Medical conditions (ie current or past experience of fits/ epilepsy, diabetes, overdosing, hepatitis, HIV, sexual transmitted diseases etc)

Medication Yes No

If yes give details: -

Housing history

Has the person ever squatted?

Where did the person sleep last night?

Please list last five addresses (full address):

Where/Type of accommodation	Length of Stay	Reason for Leaving

Is there a history of difficulties regarding previous tenancies?			
Category	LOW	MEDIUM	HIGH
Rent Arrears			
Behaviour of friends			
Neighbour disputes			
Anti social behaviour			
Evictions			
Harassment			
Other			

If any identified, please give further details

In which areas is support required?		Enjoy & Achieve	Y/N
		Access to training/ employment/ education	
Be Healthy	Y/N	Making and sustaining relationships	
Mental health issues		Parenting skills	
Emotional support		Gaining access to other services	
General health and well-being		Daily living skills – shopping, housework etc	
Substance misuse issues		Make a Positive Contribution	Y/N
Sexual health		Accessing community organisations	
Healthy lifestyle		Maintaining accommodation	
Stay Safe	Y/N	Promoting citizenship	
Domestic abuse concerns		Transitioning into independence	
Personal safety and security		Enjoy Economic Well-being	Y/N
Offending / risk taking behaviour		Homelessness issues	
Social skills/behaviour management		Finding furniture/accessing grants	
Safeguarding concerns		Finance/debt/budget management	

Lifeskills

Has the person ever lived independently? If so please give details

What skills will he/she need assistance with whilst at **Be Strong House**?

In your opinion, why do they want to live at **Be Strong House** and how can it help them?

RISK ASSESSMENT

NB: This Section MUST be completed

Please use the following definitions to answer the questions:

LOW	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.
MEDIUM	More frequent/regular incidents and/or of a more significant nature
HIGH	Likely, severe or significant

RISK TO OTHERS

Does the applicant have a history/is there a risk of any of the following violent offences/incidents to others:

Category	LOW	MEDIUM	HIGH
Physically abusive			
Threatening/challenging behaviour			
Feeling annoyed a lot of the time			
“Flying off the handle”			
Feeling aggressive and out of control			
Reactions do not match the situation i.e. getting very angry over minor issues			
Lack of remorse or regret			
Making serious false allegations			
Mentally abusive			
Sexually abusive			
Racially abusive			
Verbally abusive			
Theft			
Damage to property			
Arson			
Other types of offending behaviour			

Describe below potential triggers and who is at risk:

RISK TO SELF

Is there a history of or risk of any of the following?			
Category	LOW	MEDIUM	HIGH
Suicidal thoughts or attempts			
Self-harm			
Burning or cutting of skin			
Physical abuse of own body			
Eating disorders			
Accidental overdose			
Misuse of/non compliance with medication			
Abuse from others			
Vulnerability			
Learning difficulties			
Immaturity			
Difficulty Socialising			
Mental health Issues			
Problems with eating or sleeping			
Isolation, withdrawing from people			
Feelings of hopelessness			
Self neglect			
Feeling agitated, paranoid or unpredictable			
Feeling very high or low			
Having or having had a diagnosed mental health problem			
Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause			
Behaving in a way that others feel is inappropriate e.g. sexually disinhibited			
Feeling obsessed with violent videos, written materials or weapons			
Substance misuse			

Describe below potential triggers and who is at risk:

Other services involved with this person		
Agency	Frequency	Purpose

Agency support

As the referring agency how will your support the person while they are resident at **Be Strong House**?

Contact arrangements

Will the person have contact with family and friends? If so give details:

Identity

Are there any other issues regarding this person's identity that we should be aware of?

Employment - is he/she

What is his or her profession?

Date of last employment:

Company name of last employer:

	Yes/No	Details
In full time work		
In part time work		
Unemployed		
Undertaking voluntary work		

Training - is he/she

In higher education		
In further education		
Undertaking a training course		
An apprentice		

Finance - is he/she		
	Yes/No	Details
Local authority fully funded		
Self directed support funding		
Receiving Income Support/JSA		
Receiving DLA		
Receiving other benefits		
How much income does the person receive each week and from where?		
Is he/she in debt and how much is owed		

Any Other information. Include any needs that should be brought to our attention

Included	
Full risk assessment	<input type="checkbox"/>
Pathway plan	<input type="checkbox"/>

Agency declaration. I confirm that any support by my agency will be ongoing during the applicant's stay in **Be Strong House**. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at **Be Strong House** if their application is successful.

Signed..... **Print Name**.....

Agency **Position**

Applicant's declaration(s)

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to **Be Strong House** where necessary.

I also agree that **Be Strong House** may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Signed **Name** **Date**.....

Equal Opportunities Monitoring

How would the applicant describe her/his ethnic origin ?

Asian Pakistani		Asian Indian		Asian Bengali	
Black African		White Irish		White British	
Chinese		Black Caribbean			
Asian other				
Black Other				
Dual heritage				
I do not wish to say/unknown					