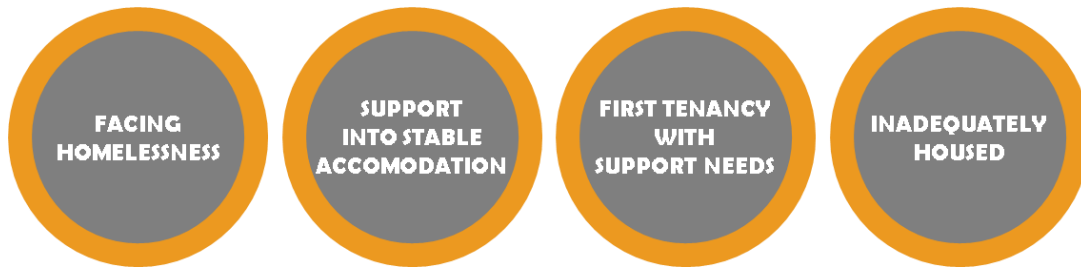


HOUSING SUPPORT REFERRAL FORM OXFORDSHIRE

We Can Offer Support For:



OFFICES

| | | |
|----------------|---|---------------|
| BANBURY | OXFORD CITY & SOUTH & VALE | WITNEY |
|----------------|---|---------------|

49a Castle Street
Banbury
Oxfordshire
OX16 5NU

213 Barns Road
Cowley
Oxfordshire
OX4 3UT

14 Church Green
Witney
Oxfordshire
OX28 4AW

Tel. 01295 701880

Tel. 01865 711267

Tel. 01993 709087

enquiries@connectionsupport.org.uk

SUPPORT

Our Housing Support Service Team will assist you to keep a roof over your head, avoid homelessness, navigate the benefits system and manage your money. Our team works alongside you to help you deal with the challenges that life throws at you, to understand your unique set of circumstances, challenges and abilities.

Our team come from a diverse range of backgrounds bringing specialisms in mental health, domestic violence, homelessness, refugees, housing, older people, young homeless, learning disability, families and much more.

CONTACT



Our Support Aims to Help You to Build a Better Life and Achieve Independence

To process this application we need to collect information of a personal and sensitive nature. This will be treated in confidence and will not affect our decision in providing support to you. Some of the information collected will be used for monitoring purposes. Where consent is given, information provided by you may be shared with others involved in providing your support.

Please be as honest as possible with your answers to ensure we can offer the appropriate support.

Please ensure all sections have been completed by using the tick list at the end of the form. If any information is missing, this form may be returned to you resulting in a delay to your assessment for Housing Support.

SECTION 1: CONSENT & GDPR

CONSENT TO SHARE INFORMATION

Referral Form Declarations

Do you consent to the information you provide being shared with others involved in your support?

| | |
|-----|----|
| YES | NO |
|-----|----|

Do you consent to us contacting or referring you to other agencies in relation to you support needs?

| | |
|-----|----|
| YES | NO |
|-----|----|

Applicant Signature: _____ **Date:** _____

Is there any specific information you do **not** want us to share, or any agencies with whom you do **not** wish information to be shared? If yes, please give details:

.....

.....

.....

Important – Please Read:

If you do not give consent above, this may affect the service that is provided to you. If the applicant's signature is not obtained at this stage we may not be able to gather information from other agencies, which may delay the referral process; Connection Support may request consent signatures at the assessment stage.

Please check that all sections of this form have been completed by using the check list at the end of the form. If any required information is missing, this form may be returned to you, resulting in a delay to your assessment for Housing Support.

Please return the completed form to Connection Support one of the following ways:

BY POST

BY EMAIL

Connection Support
213 Barns Road
Cowley
Oxford
OX4 3UT

enquiries@connectionsupport.org.uk

For more information please visit us at:

www.connectionsupport.org.uk



SECTION 2: DETAILS OF REFERRAL AGENCY / PERSON

NOTE: If you are referring yourself you do not need to complete this section – please go to Section 3

Referrer's Name: Agency Name:

Agency Address:

Postcode:

Telephone No.: Email:

Please confirm the applicant is aware of and agrees to this referral being made: YES NO* **If no please obtain consent.*

SECTION 3: APPLICANT DETAILS

Name:

Address: Town:

County: Postcode:

Mobile: Home Phone:

Email:

How would you prefer to be contacted – please tick all that apply:

Home Phone: Mobile: Text: Email: Letter: Other:

Can we contact you safely at this address / on the numbers provided:

YES NO

Date of Birth: Gender: Male Female Transgender

National Insurance Number: NHS Number:

Family Referral Size: Full details to be provided in Section 3d.

Have you been assessed by a Mental Health Team?

YES NO

If yes, please provide us with your cluster number (if known?) Date Issued:

Please use the space below to provide us with more details:

3a. HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

Heterosexual / Straight Gay Man Lesbian

Bisexual Other I Do Not Wish to Answer

3b. HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

| | |
|--|---|
| WHITE | <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller Any other White background, please describe: _____ |
| MIXED/MULTIPLE ETHNIC GROUPS | <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White Asian Any other Mixed/Multiple Ethnic background, please describe: _____ |
| ASIAN/ASIAN BRITISH | <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese Any other Asian background, please describe: _____ |
| BLACK/AFRICAN/ CARRIBEAN/ BLACK BRITISH | <input type="checkbox"/> African <input type="checkbox"/> Caribbean Any other Black/Asian/Caribbean background, please describe: _____ |
| ANY OTHER ETHNIC GROUP | <input type="checkbox"/> Arab Any other Ethnic group, please describe: _____ |

3c. CULTURE / RELIGION

Do you have any cultural or faith / religious requirements?
 YES NO

If yes, please give details: _____

3d. SECOND APPLICATION / OTHER PEOPLE & PETS AT THE ADDRESS

Second Applicant Name:
 Are there any other people over 16 living / staying with you – if yes please supply their name/s and relationship to the applicant:
 YES NO

| | |
|-------------|----------------------------------|
| Name: _____ | Relationship to Applicant: _____ |
| Name: _____ | Relationship to Applicant: _____ |
| Name: _____ | Relationship to Applicant: _____ |

Are there children under 16 living / staying with you – if yes please supply their name/s below:
 YES NO

| | |
|-------------|----------------------|
| Name: _____ | Date of Birth: _____ |
| Name: _____ | Date of Birth: _____ |
| Name: _____ | Date of Birth: _____ |
| Name: _____ | Date of Birth: _____ |

Are you pregnant – if yes please provide your due date:
 YES NO Due Date of Baby/Babies: _____

Do you have any pets at the address – if yes please specify: _____

SECTION 4: HOUSING SUPPORT NEEDS

What is the main reason for your referral – please tick one of the boxes below:

Eviction: Rent Arrears: Re-Settlement: Inadequately Housed: Relationship Breakdown: Other:

If other please provide a brief overview of your Housing Support Needs: _____

Do you have a joint tenancy?
 YES NO If yes, please provide details: _____



4a. WHAT TYPE OF ACCOMMODATION ARE YOU CURRENTLY LIVING IN?

| | | | | | |
|--------------------------|---|--------------------------|-----------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Owner Occupation | <input type="checkbox"/> | Supported Housing | <input type="checkbox"/> | Sheltered Housing for Older People |
| <input type="checkbox"/> | Residential Care Home | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Women's Refuge |
| <input type="checkbox"/> | Probation Hostel | <input type="checkbox"/> | Mobile Home / Caravan | <input type="checkbox"/> | Prison |
| <input type="checkbox"/> | Living with Family | <input type="checkbox"/> | Living with Friends | <input type="checkbox"/> | Temporary Accommodation |
| <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Rough Sleeper | | |
| <input type="checkbox"/> | Private Rented / Name of Landlord: | ..... |  |  |  |
| <input type="checkbox"/> | Local Authority / Council please state: | ..... |  |  |  |
| <input type="checkbox"/> | Housing Association – please state: | ..... |  |  |  |
| <input type="checkbox"/> | Other: | ..... |  |  |  |

4b. WHAT IS YOUR CURRENT EMPLOYMENT STATUS:

| | | | | | |
|--------------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Full Time Employment | <input type="checkbox"/> | Part-time Employment (-16 hrs) | <input type="checkbox"/> | Part-time Employment (+16 hrs) |
| <input type="checkbox"/> | Gov Training / Work Programme | <input type="checkbox"/> | Apprenticeship | <input type="checkbox"/> | Job Seeker |
| <input type="checkbox"/> | Full Time Student | <input type="checkbox"/> | Zero Hours Contract | <input type="checkbox"/> | Retired |
| <input type="checkbox"/> | Not Seeking Work | <input type="checkbox"/> | Long Term Sick / Disability | <input type="checkbox"/> | Volunteer |
| <input type="checkbox"/> | Other: | ..... |  |  |  |

SECTION 5: SUPPORT NETWORK

Do you currently receive support from any of the following services? Please tick all that apply and provide details including any safeguarding concerns:

| | | |
|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | GP / Doctor | ..... |
| <input type="checkbox"/> | Social Worker – Adult Services | ..... |
| <input type="checkbox"/> | Social Worker – Children's Services | ..... |
| <input type="checkbox"/> | Mental Health Services / CPA | ..... |
| <input type="checkbox"/> | Probation / Youth Offending Team | ..... |
| <input type="checkbox"/> | Drug / Alcohol Services | ..... |
| <input type="checkbox"/> | Landlord / Warden | ..... |
| <input type="checkbox"/> | Carer | ..... |
| <input type="checkbox"/> | Hospital | ..... |
| <input type="checkbox"/> | Other: | ..... |

SECTION 6: RISK ASSESSMENT

In order for us to manage any risk, please complete the following and tick all that apply:

Please note your answers will not affect our decision of support; however this referral form will be returned to you if this section is not fully completed.

| | YES | NO |
|---|--------------------------|--------------------------|
| Have you been convicted of a violent or sexual offence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you misused alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you misused drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been subject to a Drug Treatment Order (DTO) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been asked to sign an Acceptable Behaviour Contract (ABC) or an Anti-Social Behaviour Order? | <input type="checkbox"/> | <input type="checkbox"/> |

Risk Assessment Continued...

| YES | NO |
|-----|----|
|-----|----|

Have you been treated in hospital for mental health or sectioned under the Mental Health Act?

Have you self-harmed – including overdose attempts?

Have you attempted suicide?

Are any of your behaviours a risk to yourself or others?

Are you at risk from others?

If you have ticked yes to any of the above please provide details, including dates:

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SECTION 7: INFORMATION

This section must be completed with a summary of your current housing situation and support needs. Please continue on a separate sheet if necessary and enclose with the application.

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SECTION 8: CHECKLIST

Please use this checklist to ensure you have completed all of the sections required on the referral form.

Please note any missing information may result in your referral form being returned which could delay your application.

| | | CHECKED / COMPLETED |
|--------------------|---|--------------------------|
| SECTION 1: | CONSENT & GDPR | <input type="checkbox"/> |
| SECTION 2: | DETAILS OF REFERRAL AGENCY / PERSON | <input type="checkbox"/> |
| SECTION 3: | APPLICANT DETAILS | <input type="checkbox"/> |
| <i>Section 3a:</i> | <i>Sexual Orientation</i> | <input type="checkbox"/> |
| <i>Section 3b:</i> | <i>Ethnic Origin</i> | <input type="checkbox"/> |
| <i>Section 3c:</i> | <i>Culture / Religion</i> | <input type="checkbox"/> |
| <i>Section 3d:</i> | <i>Second Applicant / Other People etc.</i> | <input type="checkbox"/> |
| SECTION 4: | HOUSING SUPPORT NEEDS | <input type="checkbox"/> |
| <i>Section 4a:</i> | <i>Type of Accommodation</i> | <input type="checkbox"/> |
| <i>Section 4b:</i> | <i>Employment Status</i> | <input type="checkbox"/> |
| SECTION 5: | SUPPORT NETWORK | <input type="checkbox"/> |
| SECTION 6 | RISK ASSESSMENT | <input type="checkbox"/> |
| SECTION 7: | INFORMATION | <input type="checkbox"/> |

GDPR Privacy Notice

The information you give may be held on both manual and electronic systems and you are welcome to update and request to change/remove your information at any time. By completing this form, you will be confirming that you give your consent for Connection Support to hold and process your data in line with the procedures set out above. You can at any time view our full **privacy notice** for Service Users on our website by following this link: <http://www.connectionsupport.org.uk/about-us/policies/> or ask us for a paper copy.