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| **HOUSING SUPPORT REFERRAL FORM**  **OXFORDSHIRE** |
|  |
| **We Can Offer Support For:** |



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| **OFFICES** | | |
|  |  |  |
| **BANBURY** | **OXFORD CITY**  **&**  **SOUTH & VALE** | **WITNEY** |
|  |  |  |
| **49a Castle Street**  **Banbury**  **Oxfordshire**  **OX16 5NU** | **The Old School, First Turn, Wolvercote,**  **Oxford,**  **OX2 8AH** | **2 Witan Way**  **Witney**  **Oxfordshire**  **OX28 6FH** |
|  |  |  |
| **Tel. 01295 701880** | **Tel. 01865 711267** | **Tel. 01993 704061** |
|  | | |
| **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** | | |
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| **Our Support Aims to Help You to Build a Better Life and Achieve Independence** | | |

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| *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.*** |

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| **SECTION 1: CONSENT & GDPR** | | | | | | | |
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| **CONSENT TO SHARE INFORMATION** | | | | | | |
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| **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:*** | | | | | | |
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| **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 as 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**  **The Old School,**  **First Turn,**  **Wolvercote,**  **Oxford,**  **OX2 8AH** | **enquiries@connectionsupport.org.uk** |
|  |  |
| **For more information please visit us at:** | |
|  | |
| **www.connectionsupport.org.uk** | |

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| **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.* |

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| **SECTION 3: APPLICANT DETAILS** | | | | | | | | | | | | | | | | |
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| **Name:** | |  | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | **Town:** | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| **County:** | |  | | | | |  | | | **Postcode:** | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Mobile:** | |  | | | | |  | **Home Phone:** | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **How would you prefer to be contacted – please tick all that apply:** | | | | | | | | | | | | | | | | |
|  | **Mobile:** | |  | **Text:** |  | **Home Phone:** | | |  | | **Email:** | |  | **Letter:** |  |  |

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| **Can we contact you safely at the address and numbers provided?** | | | | | | | | | | |  | | | |  | | | | | | | |
| **If NO, please state the best way to contact you:** | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | |  | | | **Gender:** | | | **Male** | |  | | **Female** | | | |  | **Transgender** | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **National Insurance Number:** | | | |  | | | | | **NHS Number:** | | | | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Next of Kin:** |  | | | | | | **Relationship to You:** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Number/s:** | | | |  | | | | | | | | | | | | | | | | | | |
| *NB. Your next of kin will only be contacted in case of emergency.* | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Have you been assessed by a Mental Health Team?** | | | |  | | | |  | | | | | |
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| **If yes, please provide us with your cluster number *(if known?)*** | | | | |  |  | **Date Issued:** | | |  | |
|  | | | | | | | | | | | | | | | |
| **3a. HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | **Heterosexual / Straight** |  | **Gay Man** | | | | | |  | | **Lesbian** | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | **Bisexual** |  | **Other** | | | | | |  | | **I Do Not Wish to Answer** | | | | | | |

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| **3b. HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WHITE** |  |  | **English** |  | | **Welsh** | | | | |  | | **Scottish** | | | | |  | **Northern Irish** | | | | | | |  | | **Irish** | |
|  |  | **Gypsy or Irish Traveller** | | | | | | **Any other White background, please describe:** | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MIXED/MULTIPLE ETHNIC GROUPS** |  |  | **White & Black Caribbean** | | | | | | |  | | **White & Black African** | | | | | | | | | | |  | | **White Asian** | | | | |
|  | **Any other Mixed/Multiple Ethnic background, please describe:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **ASIAN/ASIAN BRITISH** |  |  | **Indian** | |  | | | **Pakistani** | | | | | |  | | **Bangladeshi** | | | |  | | | | **Chinese** | | | | | |
| **Any other Asian background, please describe:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BLACK/AFRICAN/ CARRIBEAN/ BLACK BRITISH** |  |  | **African** | |  | | **Caribbean** | | | | | | | | | | | | | | | | | | | | | | |
|  | **Any other Black/Asian/Caribbean background, please describe:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **ANY OTHER ETHNIC GROUP** |  |  | **Arab** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Any other Ethnic group, please describe:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |

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| **3c. CULTURE / RELIGION** | | | | |
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| **Do you have any cultural or faith / religious requirements?** | | **YES** | **NO** |
|  | | | | |
| **If yes, please give details:** |  | | | |

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| **3d. SECOND APPLICATION / OTHER PEOPLE & PETS AT THE ADDRESS/NEXT OF KIN** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Referral Size:** | | **Single:** |  | **Family Referral:** | |  | **Number of Adults:** | |  | **Number of children:** |  |
|  | | | | | | | | | | | | | | |
| *If a* ***Family referral****, please list all members of the family/household in the spaces provided below:* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Family/household members **over the age** of 16: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Name: |  | | | | Relationship to Applicant: | | |  | | | | | | | |
| Name: |  | | | | Relationship to Applicant: | | |  | | | | | | | |
| Name: |  | | | | Relationship to Applicant: | | |  | | | | | | | |

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| Family/household members **under the age** of 16: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name: |  | Date of Birth: | | |  | | | | |
| Name: |  | Date of Birth: | | |  | | | | |
| 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:** | | |  | | | | | |

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| **SECTION 4: HOUSING SUPPORT NEEDS** | | | | | | | | | | | | | | | | | | |
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| **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 go to **Section 7: Information** on **Page 7** to provide us with detail of your Housing Support Needs. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Do you have a joint tenancy?** | | | | | **YES** | **NO** |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| If **YES,** please provide the name of the person you share the tenancy with: | | | | | | | | | |  | | | | | | | | | |

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| **4a. WHAT TYPE OF ACCOMMODATION ARE YOU CURRENTLY LIVING IN?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | |
|  | Owner Occupation | |  | Supported Housing |  | | Sheltered Housing for Older People | | | |
|  | Residential Care Home | |  | Hostel |  | | Women’s Refuge | | | |
|  | Probation Hostel | |  | Mobile Home / Caravan |  | | Prison | | | |
|  | Living with Family | |  | Living with Friends |  | | Temporary Accommodation | | | |
|  | Hospital | |  | Rough Sleeper |  | | |  | | |
|  | Private Rented / Name of Landlord: | | |  | | | | | | |
|  | Local Authority / Council please state: | | |  | | | | | | |
|  | Housing Association – please state: | | |  | | | | | | |
|  | Other: |  | | | | | | | | | |
|  | | | | | | | | | |
| **4b. WHAT IS YOUR CURRENT EMPLOYMENT STATUS:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | Full Time Employment | |  | Part-time Employment (-16 hrs) | |  | | Part-time Employment (+16 hrs) |
|  | Gov Training / Work Programme | |  | Apprenticeship | |  | | Job Seeker |
|  | Full Time Student | |  | Zero Hours Contract | |  | | Retired |
|  | Not Seeking Work | |  | Long Term Sick / Disability | |  | | Volunteer |
|  | Other: |  | | | | | | | |

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| **SECTION 5: SUPPORT NETWORK** |
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| **Do you currently receive support from any of the following services?** *Please tick all that apply and provide details including any safeguarding concerns:* | |

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| --- | --- | --- |
|  | GP / Doctor |  |
|  | Social Worker – Adult Services |  |
|  | Social Worker – Children’s Services |  |
|  | Mental Health Services / CPA |  |
|  | Probation / Youth Offending Team |  |
|  | Drug / Alcohol Services |  |
|  | Landlord / Warden |  |
|  | Carer |  |
|  | Hospital |  |
|  | Other: |  |

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| **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.* | |

|  |  |  |  |
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|  | **YES** | **NO** | |
|  |  |  | |
| Have you been convicted of a violent or sexual offence? |  |  | |
|  | | | |
| Have you misused alcohol? |  |  | |
|  | | | |
| Have you misused drugs? |  |  | |
|  | | | |
| Have you been subject to a Drug Treatment Order (DTO) |  |  | |
|  | | | |
| Have you been asked to sign an Acceptable Behaviour Contract (ABC) or an Anti-Social Behaviour Order? |  |  | |
|  |
| **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** |
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| 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.* |

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

**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/*](http://www.connectionsupport.org.uk/about-us/policies/)*or ask us for a paper copy.*