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**Benefits Support Referral Form**

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| **Applicants name** : |
| **Current address** : |
| **Date of birth**: |
| **Telephone No**: |
| **Email Address**:  **National Insurance No:**  **Gender:**  **Ethnicity:**  **Religion:** |
| If we cannot contact the Applicant on the number given, is there someone else we can contact to be able to pass a message on to them? Name of Contact:…………………. Contact Number:…………. |
| Date of referral: |
|  |
| When did the applicant’s tenancy start?  If the tenancy is yet to start, what date will this be? |
|  |
| Prior to this referral was the applicant:  A Rough Sleeper? Yes  No  or  A previous Rough Sleeper moving on from Supported Accommodation Yes No  Other. Give details: |
|  |
| Does the Applicant have language, literacy or other communication difficulties?  *Please give details:* |
| If Refugee / Asylum Seeker / Non-EU national:  Do they have ‘Recourse to Public Funds’? Yes No Don’t Know |
| Referrer’s Name: |
| Organisation: |
| Tel numbers:  E-mail Address: |

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| **Describe the difficulties the applicant is experiencing with benefits and the type of help required:** |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Indicators Summary**  **Please mark against ALL indicators, or the assessment will be delayed.**  This information is required to allow support staff to prepare for the assessment interview fully. Does the Applicant have any history or evidence of the following? (Put an **X** in the relevant box) | | | | | | | |
|  | **Yes** | **No** | **Don’t Know** |  | **Yes** | **No** | **Don’t Know** |
| Aggression to staff |  |  |  | Historical Substance / Alcohol use |  |  |  |
| Arson |  |  |  | Sex Offences |  |  |  |
| Domestic Abuse |  |  |  | Self-Harm |  |  |  |
| Current Substance / Alcohol use |  |  |  | Other (please specify) |  |  |  |
| **Is there anything else that you feel we should know about this applicant or their circumstances in terms of risk?** | | | | | | | |
| Please give details: | | | | | | | |

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| Thank you for taking the time to complete this form. Please return it with any attachments to:  \\CONNECTFILE\Shared Docs\Publicity\New Brand\Logos\connection logo 2....tif[**enquiries@connectionsupport.org.uk**](mailto:enquiries@connectionsupport.org.uk)  **Connection Support The Old School First TurnWolvercote OX2 8AH** |