

**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: |
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| When did the applicant’s tenancy start?If the tenancy is yet to start, what date will this be? |
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| Prior to this referral was the applicant:A Rough Sleeper? Yes [ ]  No[ ] orA previous Rough Sleeper moving on from Supported Accommodation Yes[ ]  No[ ] Other. Give details: |
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| 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****Connection Support The Old School First TurnWolvercote OX2 8AH** |