**Multi Agency Referral Form**

 [x]

WHABAC [x]

corin.trafford@cabwhabac.org.uk

david.george@cabwhabac.org.uk

St Paul’s [x]

info@stpaulshostel.co.uk

YMCA [x]

Referrals@ymcaworcestershire.org.uk

NACRO [x]

annie.sharman@nacro.org.uk

CCP [x]

WorcesHomeless@ccp.org.uk

FryAccord [x]

Bromsgrove.office@fryaccord.org.uk

Spring Housing [x]

referrals@springhousing.org.uk

NSNO [x]

Referrals@ymcaworcestershire.org.uk

Jon.Hadwen@YMCAWorcestershire.org.uk

WorcesHomeless@ccp.org.uk

Amber Supported Housing [x]

info@ambersupportedhousing.co.uk

Victim Advice Line [x]

(Must be sent by secure email, do not password protect)

victimadviceline@westmercia.pnn.police.uk

**Transmission by insecure e-mail**

Once completed, this document must be protected from a breach of personal data. BEFORE sending a completed service referral form by email this document must be encrypted with a password.

MS Word has the capability to do this. Select the file tab, then protect document. From the drop down menu select encrypt with password. You can then set the password. The same password will be used for each referral and changed intermittently. The password will be made available to all officers making referrals and to all the relevant agencies so that referrals can be opened without the need for the password to be communicated.

Each referral will need to be sent with signed consent from the applicant. Please note that WHABAC/CCP have their own consent forms which will need to be signed by the applicant and sent with this referral form.

**Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Agency |  | Contact Tel No |  |
| Contact Name |  | Date of Contact |  |
| Contact Email |  |

**Client contact details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Is the applicant pregnant? Due date?** |  |

**Home Choice Plus details**

|  |  |
| --- | --- |
| Registered on Home Choice Plus? |  |
| Registration Number and banding |  |

**Household details**

| **Title** | **First name** | **Surname** | **DOB** | **Gender** | **Relationship to customer** | **NI number** | **Customer id** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**Address history (5 years)**

|  |  |
| --- | --- |
| Address and dates | Housing provider/reason for leaving |
|  |  |

**Reason for referral**

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| --- |
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**Detail reasons for assistance**

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**What support needs have been identified within the household?**

Support needs: Care leaver aged 18-20 years,Physical ill health and disability,At risk of/has experienced domestic abuse,History of repeat homelessness,Access to education, employment or training

|  |  |
| --- | --- |
| Support Need |  |
| Young person aged 16-17 years |[ ]
| Young person aged 18-25 years requiring support to manage independently |[ ]
| Young parent requiring support to manage independently |[ ]
| Care leaver aged 18-20 years |[ ]
| Care leaver aged 21+ years |[ ]
| Physical ill health and disability |[ ]
| History of mental health problems |[ ]
| Learning disability |[ ]
| At risk of/has experienced sexual abuse/exploitation |[ ]
| At risk of/has experienced domestic abuse |[ ]
| At risk of/has experienced abuse (non-domestic abuse) |[ ]
| Drug dependency needs |[ ]
| Alcohol dependency needs |[ ]
| Offending history |[ ]
| History of repeat homelessness |[ ]
| History of rough sleeping |[ ]
| Former asylum seeker |[ ]
| Old age |[ ]
| Served in HM Forces |[ ]
| Access to education, employment or training |[ ]

**If support needs have been identified, please provide further information**

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| --- |
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**Is the client working with any other agency?**

|  |  |  |
| --- | --- | --- |
| Agency | Contact Name | Contact Number |
|  |  |  |
|  |  |  |
|  |  |  |

**Medical information**

|  |  |
| --- | --- |
| Is the client registered with a GP? |  |
| Name and address of the GP  |  |
| Do you or any member of your household have any confirmed medical conditions?  |  |
| Are you or your family members on any medication? |  |

**Income details and financial information**

|  |  |
| --- | --- |
| Does the client have a bank account? |  |
| Is the customer claiming benefits towards their housing costs? |  |
| Is the customer claiming benefits towards their other living costs? |  |

|  |  |  |
| --- | --- | --- |
| **Income information** | Amount | Frequency |
| Primary income |  |  |
| Secondary Income |  |  |
| Housing Benefit |  |  |

|  |  |  |
| --- | --- | --- |
| **Debt information** | Yes/No | Details |
| Does the client have any rent arrears? |  |  |
| Does the client have any other housing related debt (council tax arrears/ housing benefit overpayments? |  |  |
| Does the client have any other debts (credit cards/loans)? |  |  |

**Offending History**

|  |  |  |
| --- | --- | --- |
| Criminal Convictions | Yes/No | Dates/Details |
| Has any member of the household any criminal convictions?  |  |  |
| Has any member of the household been in prison?  |  |  |
| Has the customer been in prison in the last year? |  |  |
| If yes - what date did customer leave prison? |  |  |
| If yes, was the customer homeless before they went to prison? |  |  |

**Supplementary information for offenders**

Please mark all offence types for which the applicant has been convicted.

|  |  |  |
| --- | --- | --- |
| Murder/ manslaughter (attempted) |[ ]  Sex offences (under 16) |[ ]  Sex offences (over 16) |[ ]
| Domestic abuse |[ ]  Robbery |[ ]  Burglary |[ ]
| Theft |[ ]  Violent offences |[ ]  Offences involving weapons |[ ]
| Arson |[ ]  Criminal damage |[ ]  Drugs offences |[ ]
| Driving offences |[ ]  Vehicle crime |[ ]  Fraud/ deception |[ ]
| Handling stolen goods |[ ]  Anti-social behaviour |[ ]  Racially motivated/ aggravated |[ ]
| Other (specify details) |[ ]   |

Is the applicant ‘flagged’ for any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lifer | [ ]  | Risk to children | [ ]  | Registered sex offender | [ ]  |
| Subject to MAPPA | [ ]  | High risk of re-offending | [ ]  | PPO | [ ]  |
| MAPPA level |  | OASys risk category |  |  |  |

Please provide details of risks identified. Include triggers and risk management plans

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**Offender Manager Details**

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| --- | --- | --- |
| Office | Name | Telephone number |
|  |  |  |

Where the client is currently under probation, the OASys Risk assessment and previous convictions must be requested from the Offender Manager and attached to this referral.

**Risk factors identified**

|  |  |  |
| --- | --- | --- |
| Risk | Applicant | Partner |
| Incidents of violence? | No[ ]  | [ ]  |
| Emotional/Mental health problems |  |
| Detained under the MH Act |[ ] [ ]
| Known suicide attempts |[ ] [ ]
| Known self-harm |[ ] [ ]
| Dual diagnosis |[ ] [ ]
| Bizarre behaviour |[ ] [ ]
| Self-care / Risk from others | Incidents of being abused/exploited,Incidents of being harassed |
| Incidents of serious self-neglect |[ ] [ ]
| Incidents of being abused/exploited |[ ] [ ]
| Incidents of being harassed |[ ] [ ]
| Accidental harm (e.g. Kitchen fires, careless smoking) |[ ] [ ]
| Persistent provocative behaviour |[ ] [ ]
| Other risk factors |  |
| Substance/alcohol abuse |[ ] [ ]
| Known incidents of abuse or harassment of others |[ ] [ ]
| Known danger to children |[ ] [ ]
| Problems managing anger/impulsive behaviour |[ ] [ ]
| Sexual assault/exposure |[ ] [ ]
| Arson |[ ] [ ]
| Tenancy risks |  |
| History of losing tenancies due to arrears |[ ] [ ]
| History of tenancy related ASB orders or ABCs |[ ] [ ]
| History of exploiting tenancy conditions |[ ] [ ]
| History of losing tenancies due to abandonment |[ ] [ ]

**If you have indicated any concerns on the Risk Assessment, please describe behaviour/incidents in detail**

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**Supporting Information (brief information on the client’s history and current needs)**

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**Equal Opportunities Monitoring**

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| --- | --- | --- |
|  | Applicant | Partner |
| Age |  |  |
| Disability |  |  |
| Nationality |  |  |
| Ethnicity |  |  |
| Gender |  |  |
| Religion |  |  |
| Sexual Orientation |  |  |
| Marital status |  |  |
| Language |  |  |

|  |  |
| --- | --- |
| **Signed (applicant)** | **Date** |
|  |  |

|  |  |
| --- | --- |
| **Signed (referral agency)** | **Date** |
|  |   |

**Outcome of Referral**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Organisation |  |
| Name of Assessor  |  |
| Date of assessment |  |
| Referral accepted/declined? |  |

**Outcome of assessment**

|  |
| --- |
|  |

**Has the client been signposted/referred to any other agencies/services?**

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|  |  |
| --- | --- |
| Signature of Assessor  | Date |
|  |  |