**Referral Form for Emergency & Specialist Supported Accommodation**

**Referral Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Referring Agency Details**

* **Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Referring Officer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Applicant Details**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **National Insurance Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
* **Ethnicity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Immigration Status:** ☐ British Citizen ☐ Settled Status ☐ Asylum Seeker ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

### **Accommodation Requirements**

* **Type of Support Required (tick all that apply):**☐ Emergency Accommodation
☐ Temporary Accommodation
☐ Specialist Supported Living
☐ Move-On Support
* **Primary Reason for Referral (tick all that apply):**☐ Homelessness
☐ Released from Prison
☐ Domestic Abuse
☐ Mental Health Needs
☐ Substance Misuse Support
☐ Learning Disabilities
☐ Physical Disabilities
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **Support Needs Assessment**

* **Does the applicant require additional support services?**☐ Drug and Alcohol Support
☐ Mental Health Support
☐ Counselling/Therapy
☐ Financial/Benefits Advice
☐ Employment & Training Support
☐ Life Skills Development
☐ Social/Community Support
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Does the applicant have any diagnosed medical conditions or disabilities?**☐ Yes ☐ No
If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Is the applicant currently receiving any support from external agencies (e.g., probation, social services, mental health teams)?**☐ Yes ☐ No
If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Risk Assessment**

* **Has the applicant been involved in any criminal activity?** ☐ Yes ☐ No
If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Are there any known risks associated with the applicant (e.g., violence, arson, self-harm)?** ☐ Yes ☐ No
If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Additional Information**

Please provide any further details that may assist in the assessment of this referral:

### **Declaration & Consent**

I confirm that the information provided in this referral is accurate and complete to the best of my knowledge. I understand that this information will be used to assess the applicant's eligibility for accommodation and support services.

* **Referring Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the completed form to:**Life With Support Limited
Email: referrals@lifewithsupport.com

**For Office Use Only:**

* **Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Assessment Outcome:** ☐ Accepted ☐ Declined ☐ Further Information Required
* **Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_