



EMH

SUPPORTED ACCOMMODATION REFERRAL FORM

TO BE COMPLETED BY A REFERRAL AGENT

Everyone Matters Homes are committed to providing a fair service that is available to everyone. Be assured that your response will be kept confidential.

Details of Referral Agent

Name:	
Relationship to applicant:	
How long have you worked with the applicant?	
Email:	
Contact number:	
Date of referral:	
Signature:	

How did you hear about Everyone Matters Homes?

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Applicant Details

Full name:	
Preferred name:	
Any previous names?	
Gender:	
Do you have a disability?	Yes No
If yes, please specify:	
Date of birth:	
Email:	
Contact Number:	
Is the applicant currently working? If so, how many hours per week?	
If they wish to declare, please state the applicant's ethnicity:	

Dependants to Consider

Will there be any dependants residing in the property with the applicant?	Yes No		
If yes, and the dependant is over 18, please complete an additional referral form for this individual.			
If yes, and the dependant is under 18, please fill out their details below:			
Name (s)	Date of birth	Their current occupational status, e.g. work, education, training	Relationship to the applicant



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Support Network Members of Client	Please tick as many as applicable ✓	Name	Contact Details
Friend/Family (s)			
Carer(s)			
General practitioner			
Psychiatrist / psychologist			
Community mental health nurse (CPN)			
Community nurse			
Social worker			
Support worker(s)			
Midwife			
Health Visitor			
Advocate			



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Other (please specify)			
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Professionals and Other Agencies Involved

Please provide a copy of any existing care/support packages that the applicant receives.

I (The Applicant) hereby give consent for Everyone Matters Homes to contact other agencies already involved in my care and support prior to my assessment.

Signed..... Date.....

Applicant's Financial Details

National Insurance Number	
Bank account details	Bank: Account Number: Sort Code:
State any support that is required to manage the applicant's finances	
If applicable, please provide name and contact number for the applicant's appointee	Name: Contact Number:



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<p>Does the applicant have any other income? If yes, please state.</p>	
<p>Does the applicant have any debt? If yes, please provide details.</p>	
<p>Does the applicant receive any benefits? If yes, please complete the table on the following page</p>	



Type of Benefit	Yes/No	Amount pw/pcm
Child Benefit		£
Carers Allowance		£
ESA Support Group		£
ESA Work Related		£
Income Support		£
Job Seekers Allowance		£
Pension Credit		£
PIP (Personal Independent Payment)		£
UC Work Focussed		£
UC No Work Requirements		£
UC Work Preparation		£
UC All Work-Related Requirements		£

- **Proof of any benefit is required, and 3 months of recent bank statements MUST be sent with the referral, failure to do so will delay the process.**
- **Proof of a National Insurance Number must be provided, if not at point of referral, then at the assessment. If this is not possible, i.e. if the person is homeless, we can get this at a later date.**
- **Proof of ID can be sent in the form of a benefit letter or current utility bill.**



Applicant's Housing Details

Current housing situation:	
If applicable, please provide the reason why current accommodation isn't suitable	
Has the client previously been evicted?	Yes No
If yes, why?	
Is the applicant currently tied into another tenancy or named on a mortgage?	Yes No
If yes, please specify.	
Does the applicant own a property out right?	Yes No

Previous Addresses

Address	Dates	Reason for leaving	Rent arrears



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Understanding Tenancy Needs

Please explain why the applicant needs support that would exceed that of a normal Landlord. Use the subheadings to explain what support the applicant will need to ensure a successful tenancy.

Applicant's physical, mental health & wellbeing state
Applicant's ability to deal with finances
Applicant's ability to uphold property condition (including cleanliness)
Applicant's requirement for maintenance/repairs
Any reoccurring tenancy issues
Need for assistance with post/correspondence
Concerns regarding anti-social behaviour
Other

If the applicant is requesting our accommodation due to no other accommodation being available to them through the Local Authority, Housing Association or Private Landlord, please explain why here (e.g. rent arrears, anti-social behaviour etc.)



Accommodation Preferences

Preferred location (list all that apply):	
Please state any areas that are to be avoided:	
If any, please state why and a timescale if applicable.	
Number of required bedrooms	
Please specify any accessibility requirements e.g. ground floor, walk in shower etc	
Are there any pets to consider? Please note that pets are considered on an individual and assessed basis.	



Risk Assessment

This information is required to allow tenancy sustainment workers to prepare for the tenancy support assessment. Please give as much detail as possible especially where there may be concerns for lone working. Please note lack of information may result in a delay of the referral being processed.

General

Current and Historical Risks	Yes or No	Comments and Further Information
Damage to property and tenancy issues		
Alcohol		
Drugs		
Risk to others		
Physical Health Risk		
Violence or Aggression		

Mental Health

Current and Historical Risks	Yes or No	Comments and Further Information
Overview of applicant's mental health state (current and past)		
Self-Harm/Suicide (current and past) Please state if the applicant is working with any agencies, for example, Duddon House or Mind, etc.		



Cautions & Offending

Current and Historical Risks Where necessary, provide dates.	Yes or No	Comments and Further Information
Offending/Anti-Social Behaviour		
Domestic Abuse		
Sex Offences (towards children or adults?) If applicable, please provide dates.		
Previous/Current convictions and Statutory Orders. If applicable, please provide dates.		
Violence, Aggression & Bullying/ Harassment		
Arson		
Other Criminal Offences. Provide dates.		

Medication

Please provide a list of the applicant's current medication:



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Additional Information

	If applicable, provide all details
Has the applicant experienced any form of abuse, bullying or domestic violence?	
Has the applicant been subject to or involved in adult or child protection orders?	
Has the applicant ever been violent or aggressive to others, including support staff?	
Has the client ever made false allegations against a member of the public or staff members?	

Please give further details on risk here e.g. drug/alcohol consumption, triggers to certain behaviours etc.

Send the completed referral form and ensure all supporting documentation are included to:



Referrals@everyonemattershomes.org

And

Summer@everyonemattershomes.org