



Custodian
supported housing

Referral Form for Supported Accommodation

PLEASE READ CAREFULLY

If you require a different format for this form, then please contact us.

All sections of this form must be completed. Failure to do so may cause delays. If for any reason a section cannot be filled out, please state why. Blank sections will not be accepted. If there is no space for your answer please use the extra sheet provided at the end of this form, thank you.

Please be aware that your data may be shared with local authority Housing Benefit departments; the referral agency that directed you to Custodian Group (e.g. Social Services or Health), Home Providers under the Custodian Group Ltd umbrella and also with other bodies (such as Police or the Courts or Probation – if appropriate) where they have a legal right to access. In all such cases, Custodian Group Ltd will ensure that a 'data exchange agreement' is in place, which will ensure that data is only used for legitimate purposes. This is however subject to one important exception. In some limited circumstances, we may be legally required to share certain personal data, if we are involved in legal proceedings or complying with legal obligations, a court order, or the instructions of a government authority. In these instances, we will always endeavour to inform the individual concerned. Our full Privacy Policy/Procedure can be viewed on our website.

Email: hello@custodiangroup.co.uk

Oliver Piper – 07534209412

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Section 1 – Referral Agency Details

Referral Agency and contact details and email address)	
Referral Agency Phone Number	
Reason for referral: * This must be accurate. All referrals must meet the definition of 'vulnerable adult'.	
Date of Referral	

Section 2 – Applicant details

Applicant Details	
Address	
Contact number	
Date of Birth	
NINO	
Gender	
Ethnic Origin as defined by client	
Next of kin and relationship to applicant	
Next of kin address	
Next of kin contact number	
Are you in receipt of benefits? Y/N?	

Section 3 - Previous 5 Year Address History (Including supported accommodation)

Address	Dates/Duration	Tenure	Landlord Details	Reason for leaving, i.e. Arrears, ASB etc

Section 4 – Applicant Medical Background/History

Social Worker/CPN/ Probation Officer or Other Relevant Professional(s)	
GP Name and address (if applicable)	
Has client ever been detained/sectioned under the mental health act or community treatment order (If Yes please provide details)	
Mental health history	
Physical health history	

Present medication or treatment	
Details of current CPA. (If appropriate, must be provided)	
Any other relevant information	
*Forensic background Please include full details of current/previous offences) (This information must be provided)	

Section 5 – Support Group / Support Needs

Support Group	Y/ N	Support Needs: Please provide details of level and type of support required
Mental Health Problems		
Single Homeless with Support Needs		
Training, Education, Employment		
Leisure, Cultural, Faith, Informal Learning Activities		
Primary Health Care, Mental Health or Drug/Alcohol Services		
Accommodation / Housing		
Safeguarding: Avoiding self-harm and/or causing harm to others/avoiding harm by others		
Independent Living Skills		

Inclusion in community		
Social Isolation / Contact with family / friends		
Other (Please specify)		
Other concerns		

Section 6 – Risk Assessment

Key: L – Low, M – Medium, H – High

*Risk assessment (we will not accept referrals without a current risk assessment) Please provide information below (or send current risk assessment)		
Does applicant have a history of:	L/M/H	Details: please complete in all cases
Indicate risk level: low/medium/high		Triggers / potential victims etc.
Violence, aggressive behaviour		
Self-harm / suicide / mental health formal diagnosis		
Drug / alcohol misuse		
Child protection issues		
Sexual or schedule 1 offence		
Criminal convictions / offences		
Self-neglect / neglect of others		
Antisocial behaviour		
Damage to property		
Neighbourhood problems		
Arson		
Rent arrears		

Any other information		
Is the applicant at risk of harm from others? If yes please state by whom and provide details		
Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H&S good practice		

Section 7 – Authorisation - Applicant

- I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes
- I give my permission for the outcome of this referral to be explained to the referral agency
- I agree to participate in a support package including support planning and assessment
- I would / would not like a copy of this referral (Delete as appropriate)

Applicant Signature:

Section 8 – Authorisation Referral Agency

Signature of person making referral.

Position in company.

Section 9 - Supporting Documentation / Additional Information

<p>Please list documents attached / Additional Information:</p> <p>Risk Assessment</p>
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<p>*(We cannot accept referrals without this information) Please note: OMG Housing limited is an equal opportunities housing provider however we reserve the right to refuse referrals from persons with a history of arson (<i>insurance regulations</i>) sex offences against children and fire arms offence.</p>	
<p>I DO permit Custodian Group to show basic information on their website</p>	
<p>I DO NOT permit Custodian Group to show basic information on their website</p>	

Additional page for extra information.

Please mark clearly which section each piece of information refers to.

Section	