

## REFERRAL & RISK ASSESSMENT

Date of Assessment				Name of person undertaking Assessment			
Preferred Area				Telephone number			
				Organisation			
<b>PERSONAL DETAILS OF APPLICANT</b>							
Preferred Title:	Mr		Miss		Mrs		Ms
							Other
Surname:				First Name (s):			
Other Name (s) Known as:				Date of Birth:			Place of Birth:
Address: (where have you been living/staying previously)							
				Postcode:			
Home No:				Mobile Tel No:			
Work No:				National Insurance No:			
Gender	Male		Female	Marital Status:			
Current Situation/Reason for Homelessness:							

DIVERSITY MONITORING FORM							
ETHNIC ORIGIN							
White: British		White: Irish		White: Other		Mixed: White & Black Caribbean	
Asian/Asian British: Indian		Mixed: White & Asian		Mixed: Other		Mixed: White & Black African	
Asian/Asian British: Pakistani		Asian/Asian British: Bangladeshi		Asian/Asian British: Other		Black/Black British: Caribbean	
Black/Black British: African		Black/Black British: Other		Chinese/Other Ethnic Group		Refuse to say	
If you have listed other: Specify							
RELIGION							
No religion/Atheist		Muslim		Christian (all denominations)		Sikh	
Buddhist		Hindu		Jewish		Prefer not to say	
Any other: Please Specify							
SEXUAL ORIENTATION							
Heterosexual		Homosexual		Lesbian		Trans Gender	
Bisexual		Other:		Prefer not to say			
COMMUNICATION NEEDS							
Are any of the following needed?							
Large Print		Braille		Audiotape/CD		Translation/Interpreter*	
Pictures & Symbols		Easy Read		BSL/Makaton		Other*	
If yes, please provide more details:							

### MEDICAL INFORMATION

Please give details of any disabilities and / or illnesses that you may have:

### ADDITIONAL SUPPORT AND CONTACT

Please give details if you receive regular support from any of the listed agencies:

Social Worker		CPN	
Probation Officer		Psychiatrist/Psychologist	

Please provide Name, Address & Contact Telephone numbers:

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### FINANCIAL INFORMATION

Please specify source(s) of income:

What is your source of income: What benefits are you on?						
Total Amount Received:		How Often	Daily	Weekly	Monthly	Other

### CRIMINAL RECORD

Have you ever been convicted of a criminal offence or have any pending court appearances? If yes please give details below:	YES:	NO:
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Nature of Offence	Date	Sentence

PLEASE NOTE: the declaration of criminal offences(s) does not necessarily mean that you will be excluded from being offered a housing related support package.

### Support Needs

Reason for requiring Supported Housing

**(Please tick at least 5 in order to be considered for supported accommodation)**

Tenancy failure or losing short term accommodation		Becoming homeless / evicted (within 28 Days)	
Ongoing issues with drug and alcohol		Ability to manage ongoing health problems	
Access to local services Rough Sleeping		Access to health services	
Improved quality of life		Build an alternative support networks	
Skills to eat healthily		Access voluntary services	
Ability to manage personal hygiene		Risk of domestic abuse	
Increase social and community networks		Frequent presentation to accident and emergency	
Unplanned hospital admissions		Reduce social isolation	
Accessing drug and alcohol services		Obtaining or maintaining a suitable home	
Getting involved in activities		Increased feelings of being less reliant	
Gaining and / or maintaining employment and / or education and training		Risk of long-term worklessness	
Deteriorating financial position		Developing household skills	
Help to find other help		Feeling more involved	
Risk of offending		Risk of harm from others	
Risk of self-harm		Reducing feelings of isolation	
Ongoing health issues		Ability to be keep home safe & secure	
Developing problem solving skills		Ability to manage a healthy lifestyle	
Developing personal competence		Developing self esteem	
Increased feelings of being more independent		Ability to manage health & wellbeing	
Ability to manage £ better		Developing interpersonal skills	
Increased knowledge		Increased confidence	

### RISK ASSESSMENT

Risk Indicators – This information is required to allow support workers to prepare for the assessment fully. Please give as much detail as you are aware of especially where there may be concerns for lone working. Please note, if this information is left blank or there is lack of information, it may result in a delay of the referral being processed.

\*If you are making this referral for an individual that is not known to you and/or you do not consider it appropriate to complete this section, please tick here ☐ (Please ensure the 'Network of Support/other agencies involved' details are completed in full as this will allow us to make the necessary enquiries regarding risk.

Potential Risk Area	Yes	No	Potential Risk Area	Yes	No
Violence or Aggression			Harm to self, others or from others		
Known associates			Criminal/police or court involvement (present/previous)		
Hazards from Others (friend/family/visitors)			Substance abuse/alcohol misuse		
Recent discontinuation of medication			Mental Health		
Attempted suicide			Sex Offences		
Arson			Domestic Abuse		
Violent ideas/acts			Extreme anger and hostility		
			Other (please specify)		

Details:

### REQUESTED PARTICULAR HOUSING NEEDS

If the applicant has a particular type of housing need such as a mother & baby unit or female-only house, then please tick the appropriate box below. Please note, not all requests can be accommodated in which case the Tenant Compatibility Decision Matrix will be followed to find a suitable placement for the applicant.

Details

### DECLARATIONS

I agree that the information contained in this referral form is true and accurate and I consent to it being used as part of the assessment and risk process. By signing below I agree that all the information provided is true and I will inform the provider of any changes. I also understand that Sahara Housing CIC have the right to refuse support if I have provided information that is incorrect/false.

Signature

INFORMATION SHARING: I understand that SAHARA HOUSING CIC will carry out checks on the information I have provided through contact with other agencies', e.g. Medical Professionals, probation services, social services etc. I am signing to say I give permission to share information about me with other agencies

**PLEASE RETURN FORM TO** [enquiries@saharacic.com](mailto:enquiries@saharacic.com)

### Office Use Only

Referral accepted ☐ Yes ☐ No

Reason referral was not accepted

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_