



REFERRAL FORM FOR SUPPORTED ACCOMMODATION

TO BE COMPLETED BY REFERRAL AGENT

Gender:	Male	Female
	Transgender	Non-binary
Do you consider yourself to have a disability?	Yes	No
If yes, what do you consider your disability to be if undiagnosed?		
Client's Full Name:		
Client's preferred Name		
Has the client ever been known by a different name:		
Client's Date of Birth:		
Client's email and contact telephone number if applicable:		
Client's NI Number		
Does the client have a bank account? Please state Bank, sort code and account number:		
Does the client have an appointee? Please provide name and contact number if applicable:		
Current Housing Situation/Has the Client previously been evicted:		
Why is current accommodation not suitable if currently renting elsewhere:		
Date of Referral:		

Name of Referrer:	
Referrers Designation:	
Referrers email and contact telephone number:	

CCH are committed to providing a service, which is fair and available to everyone. Please complete this section to help us monitor accessibility. Your response will be kept confidential.

Ethnic origin of applicant:

White British (English, Scottish, Welsh, Northern Irish) <input type="checkbox"/>	White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>
White Gypsy, Romany, Irish Traveller <input type="checkbox"/>	Mixed - White & Black Caribbean <input type="checkbox"/>	Mixed - White & Black African <input type="checkbox"/>
Mixed - White & Asian <input type="checkbox"/>	Mixed - Other <input type="checkbox"/>	Asian or Asian British - Indian <input type="checkbox"/>
Asian or Asian British - Pakistani <input type="checkbox"/>	Asian or Asian British - Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>
Asian and Asian British Other <input type="checkbox"/>	Black African Caribbean or Black British - Caribbean <input type="checkbox"/>	Black or Black British - African <input type="checkbox"/>
Black or Black British - Other <input type="checkbox"/>	Other ethnic group-Arab <input type="checkbox"/>	Other <input type="checkbox"/>



Anything else we need to consider?

How did you hear about Cumbria Community Homes? (Please circle)

Word of mouth X Marketing Website/online search Other

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			
Other (<i>please specify</i>)			

N.B. Please provide information in respect of any existing care/support package that the Client is in receipt

I (The Client) hereby give consent for Cumbria Community Homes to contact other agencies already involved in my care and support prior to my assessment.

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

Establishing Tenancy Sustainment Needs

Please explain why this person needs support that would exceed that of a normal Landlord:

What support will the applicant require to ensure a successful tenancy:

- | | |
|-------------------------------|------------------------|
| Budgeting | Being a good neighbour |
| Cleanliness of property | Keeping property safe |
| Keeping themselves safe | Setting up/payments |
| Reporting repairs/maintenance | |

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.)

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Accommodation Needs

Where does the Client want to live?

Town/City/Village – List all that apply	
Areas to be avoided	
Do you have a local connection? If so, please explain how.	

Number of Bedrooms	1	2	3	4
Please specify any accessibility requirements e.g. Ground floor, upper floor, walk in shower etc.				
*Are there any pets to consider? If so Please detail types and breeds.				

* Pets are assessed on an individual need/basis and we do not guarantee that pets are allowed in all our properties.

Will there be another individual residing at the property with the applicant? **YES NO**

If yes, and the extra person is over 18 please complete an additional referral form.

If the extra person is under 18 please complete the details below:

Name(s)	Date of Birth	In work/education/training	Relationship to applicant

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.

Arson	YES	NO	UNSURE	Date of conviction if any
Damage to property	YES	NO	UNSURE	Date of conviction if any
Domestic Abuse Criminal Offences	YES	NO	UNSURE	Date of conviction if any
Mental Health Hazards from Others (friend/family/visitors)	YES	NO	UNSURE	Please detail here
Self-Harm	YES	NO	UNSURE	Please detail here
Sex Offences (towards children or adults?)	YES	NO	UNSURE	Date of conviction if any

Statutory Orders	YES	NO	UNSURE	Please detail here
Violence or Aggression	YES	NO	UNSURE	Date of conviction if any

Other (please specify)

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

Please send any relevant risk assessments and/or care plans with this referral.

Additional Information

Please complete the boxes below including amounts:

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 **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.

Signature of referrer
.....
Print.....
Date.....
How long have you worked with the applicant?
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Please send the referral form and all supporting documents to:

christine@cumbriach.org or alison@cumbriach.org

