



St Martin of Tours Housing Association

Referral Form



PLEASE COMPLETE ALL SECTIONS OF THE FORM AS FULLY AS POSSIBLE AND REFER TO RELEVANT ATTACHED DOCUMENTS. FULLY COMPLETED FORMS AND THE PROVISION OF ADDITIONAL REQUIRED DOCUMENTATION WILL SIGNIFICANTLY REDUCE DELAYS IN THE REFERRAL PROCESS. IF YOU HAVE INCLUDED ANY INFORMATION ON THE FORM WHICH YOU DO NOT WISH US TO SHARE WITH THE APPLICANT, AS PART OF THE INTERVIEW OR NEEDS ASSESSMENT PROCESS, PLEASE INDICATE THIS CLEARLY IN SECTION 10.

DATE OF REFERRAL:

1. PERSONAL DETAILS

NAME OF APPLICANT:

CURRENT ADDRESS INCLUDING FULL POSTCODE:

PLEASE CONFIRM THE BOROUGH:

How long has the applicant been living in that borough? (YEARS / MONTHS)

CONTACT NUMBERS:

DATE OF BIRTH & AGE:

NATIONAL INSURANCE NUMBER:

NAME & CONTACT DETAILS FOR NEXT OF KIN:

BOROUGH OF ORIGIN – if different from current borough of residence:

IDENTIFICATION DETAILS:

WHAT IDENTIFICATION DOES THE APPLICANT HAVE? (EG PASSPORT, BIRTH CERTIFICATE)

IS THE APPLICANT AN ASYLUM SEEKER?

IF SO, PLEASE GIVE DETAILS OF STATUS AND APPLICATIONS PENDING

WHAT OTHER ALTERNATIVES HAVE BEEN CONSIDERED FOR THIS APPLICANT?

2. REFERRER'S DETAILS

NAME OF REFERRER:

REFERRAL AGENCY:

FULL ADDRESS AND POSTCODE (INCLUDING BOROUGH):

CONTACT NUMBERS:
EMAIL ADDRESS:

HOW LONG HAS THE APPLICANT BEEN KNOWN TO YOUR AGENCY?

OTHER AGENCIES INVOLVED IN APPLICANTS CARE/SUPPORT, INCLUDING FULL POSTAL ADDRESS AND CONTACT DETAILS:

REASON FOR REFERRAL TO ST MARTIN'S

DETAIL OF DESIRED OUTCOMES FOR APPLICANT:

PLEASE LIST THINGS THAT APPLICANT ENJOYS DOING TO IMPROVE THEIR QUALITY OF LIFE:

3. CURRENT ACCOMMODATION

TYPE OF ACCOMMODATION (FLAT, HOSTEL, FAMILY HOME, COUNCIL, ETC):

IF THE APPLICANT NEEDS TO LEAVE THEIR CURRENT ACCOMMODATION, STATE THE REASONS WHY:

DOES THE APPLICANT LIVE WITH ANYONE ELSE. IF YES, PLEASE GIVE DETAILS:

TO THE BEST OF YOUR KNOWLEDGE, DO/DOES THE PERSON/PEOPLE LIVING WITH THE APPLICANT OR ANY VISITORS TO THE APPLICANT, POSE A RISK TO STAFF IF THE APPLICANT IS VISITED AT HOME? IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE

DOES THE APPLICANT HAVE ANY DIFFICULTIES MAINTAINING THEIR CURRENT ACCOMMODATION? IF YES, PLEASE GIVE DETAILS:

4. MENTAL HEALTH

**(IF NO MENTAL HEALTH CONCERNS, PLEASE GO TO SECTION 5)
IF THERE IS A CPA? PLEASE ATTACH**

**DOES THE APPLICANT HAVE A MENTAL HEALTH DIAGNOSIS?
IF YES, PLEASE GIVE AS MUCH DETAIL DIAGNOSIS, CURRENT TREATMENT AND MEDICATION WHERE APPLICABLE.**

PLEASE DETAIL ANY AGENCIES INVOLVED WITH THE APPLICANT'S MENTAL HEALTH SUPPORT

PLEASE PROVIDE A BRIEF HISTORY OF THE APPLICANT'S MENTAL HEALTH ILLNESS, INCLUDING, IF POSSIBLE, WHAT HAS TRIGGERED DETERIORATION IN THE PAST

HOW DOES THE APPLICANT'S MENTAL HEALTH IMPACT ON HIS/HER DAILY LIFE?

DOES THE APPLICANT INFORM OTHERS WHEN HIS/HER MENTAL HEALTH BEGINS TO DETERIORATE? ARE THERE ANY WARNING SIGNS THAT THIS IS HAPPENING?

**DOES THE APPLICANT CURRENTLY ATTEND ANY MENTAL HEALTH SERVICES, SUCH AS DAY CENTRES, TRAINING SCHEMES ETC?
IF YES, PLEASE PROVIDE DETAILS.**

MENTAL HEALTH STATUS (PLEASE GIVE DETAILS OF RESTRICTIONS, LICENCES ETC)

**IS THE APPLICANT COMPLIANT WITH THEIR STATUS RESTRICTIONS?
IF NOT, PLEASE PROVIDE DETAILS OF THEIR NON COMPLIANCE AND THE IMPACT CAUSED**

**IS THE APPLICANT COMPLIANT WITH THEIR MEDICATION?
IF NOT, PLEASE PROVIDE DETAILS OF THEIR NON COMPLIANCE AND THE IMPACT CAUSED**

5. PHYSICAL HEALTH

**DOES THE APPLICANT HAVE ANY CURRENT PHYSICAL HEALTH PROBLEMS?
IF YES, PLEASE PROVIDE DETAILS, INCLUDING ANY LONG TERM TREATMENT THEY RECEIVE
AND ANY LONG TERM MEDICATION THEY TAKE**

**IS THE APPLICANT CURRENTLY REGISTERED WITH A GP?
PLEASE PROVIDE CONTACT DETAILS IF KNOWN**

**IS THE APPLICANT REGISTERED DISABLED?
IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

6. LEARNING DIFFICULTIES

**DOES THE APPLICANT HAVE A LEARNING DIFFICULTY?
IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

**OTHER STATUTORY OR VOLUNTARY AGENCIES INVOLVED IN THE CARE AND OR SUPPORT OF
THE APPLICANT (PLEASE PROVIDE ANY NAMES AND CONTACT DETAILS)**

7. OFFENDING BEHAVIOUR

**IS THE APPLICANT KNOWN TO MAPPA?
IF YES PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

DETAILS OF APPLICANTS MOST RECENT CONVICTION AND OFFENDING BEHAVIOUR

ARE THERE ANY KNOWN TRIGGERS OR CAUSES TO THE OFFENDING BEHAVIOUR?

DOES THE APPLICANT SHOW ANY INSIGHT INTO THE CAUSES AND IMPACT OF THEIR OFFENDING BEHAVIOR?

**HAS THE APPLICANT TAKEN ANY PRACTICAL STEPS TO CHANGE THEIR OFFENDING BEHAVIOUR?
IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

**HAS THE APPLICANT SERVED ANY CUSTODIAL SENTENCES?
IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

**IS THE APPLICANT CURRENTLY UNDER ANY BAIL CONDITIONS, ORDERS OR LICENCES?
IF YES, PLEASE GIVE AS MUCH DETAIL AS POSSIBLE**

DATE OF EXPIRY (FOR ANY CONDITIONS SET)

PROBATION OFFICER'S NAME

CONTACT NUMBERS

EMAIL ADDRESS

8. SUBSTANCE MISUSE

**DOES THE APPLICANT HAVE A HISTORY OF ALCOHOL AND OR DRUG MISUSE?
IF YES, GIVE AS MUCH DETAIL AS POSSIBLE**

**DOES THE APPLICANT CURRENTLY MISUSE ALCOHOL AND OR DRUGS?
IF YES, GIVE AS MUCH DETAIL AS POSSIBLE**

**IS THE APPLICANT CURRENTLY RECEIVING OR HAVE THEY IN THE PAST RECEIVED SUPPORT OR
TREATMENT FOR ALCOHOL AND OR DRUGS MISUSE?
IF YES, GIVE AS MUCH DETAIL AS POSSIBLE, INCLUDING THE NAMES AND CONTACT DETAILS OF
PROFESSIONALS/AGENCIES INVOLVED**

OTHER STATUTORY OR VOLUNTARY AGENCY INVOLVEMENT

ARE THERE ANY OTHER AGENCIES NOT MENTIONED ABOVE, PROVIDING SUPPORT OR ASSISTANCE TO THE APPLICANT?
IF YES, PLEASE GIVE DETAILS AND CONTACTS

9. INDEPENDENT LIVING SKILLS

PLEASE INDICATE WITH WHAT THE APPLICANT NEEDS SUPPORT AND HOW THESE NEEDS MIGHT BEST BE MET

SUPPORT NEED	<i>DETAILS AND HOW BEST MET</i>
CURRENT ACCOMMODATION/HOUSING	
MOVE ON	
SELF CARE/LIFE SKILLS	
BASIC SKILLS E.G. LITERACY AND NUMERACY	
PHYSICAL HEALTH	
MENTAL HEALTH	
ALCOHOL/DRUG MISUSE	
DEBTS/BUDGETING	
IDENTIFICATION/BENEFITS	
LEGAL MATTERS	
IMMIGRATION/ASYLUM	
FAMILY RELATIONSHIPS	
OTHER RELATIONSHIPS AND SOCIAL SKILLS	
PERSONAL AND CULTURAL IDENTITY	
PERSONAL SAFETY	
EMPLOYMENT, TRAINING AND OR EDUCATION	
<i>LEISURE AND RECREATION</i>	

IS THE APPLICANT WILLING TO REGULARLY ENGAGE WITH STAFF TO ADDRESS THESE NEEDS AND WORK TOWARDS GREATER INDEPENDENCE?

HAS THE INFORMATION ABOUT THIS PROJECT AND THE REFERRAL BEEN DISCUSSED WITH THE APPLICANT?

10. ANY OTHER INFORMATION – Please include here any information you do not want us to share with your conditions specified

SIGNATORIES

APPLICANT

I CONFIRM THAT I HAVE READ THE REFERRAL AND THE RISK ASSESSMENT AND THAT ALL THE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I CONSENT TO THIS INFORMATION BEING USED AS PART OF ST MARTIN OF TOURS ASSESSMENT PROCESS AND I CONSENT TO ST MARTIN OF TOURS CONTACTING THE AGENCIES NOTED ON THIS REFERRAL, TO OBTAIN FURTHER INFORMATION RELEVANT TO THE REFERRAL PROCESS.

NAME

SIGNATURE:

DATE:

REFERRER

I AM SATISFIED THAT THE APPLICANT MEETS ST MARTIN OF TOURS REFERRAL CRITERIA. I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION PROVIDED ON THE REFERRAL IS FULL, TRUE AND ACCURATE. I CONFIRM THAT THE RISK ASSESSMENT INCLUDES ALL RELEVANT INFORMATION AVAILABLE TO ME AT THE TIME OF THIS REFERRAL.

NAME

SIGNATURE:

DATE

PLEASE LIST WHICH OF THE FOLLOWING DOCUMENTS ARE ATTACHED: (E.G RISK ASSESSMENT, RECENT CPA, PROBATION REPORTS, MG16, MH REPORT, DISCHARGE SUMMARY ETC)

APPENDIX

FAIR ACCESS MONITORING INFORMATION

PLEASE ASSIST US TO PROVIDE A FAIR AND FULLY INCLUSIVE SERVICE AND TO ENSURE THAT WE ARE NOT DISCRIMINATING AGAINST ANY PARTICULAR GROUP OF PEOPLE, BY ANSWERING THE FOLLOWING QUESTIONS. PLEASE TICK THE RELEVANT BOXES

AGE		
18 - 35	36 - 65	65+
GENDER		
MALE	FEMALE	TRANSGENDER
ETHNICITY		
BLACK CARIBBEAN	WHITE EUROPEAN	ANY OTHER ASIAN
BLACK AFRICAN	MIXED ASIAN	ANY OTHER WHITE
MIXED CARIBBEAN	INDIAN	ANY OTHER BLACK
MIXED AFRICAN	PAKISTANI	ANY OTHER MIXED
WHITE BRITISH	BANGLADESHI	OTHER
WHITE IRISH	CHINESE	REFUSED
SEXUAL ORIENTATION		
HETEROSEXUAL	GAY	LESBIAN
BISEXUAL	OTHER	REFUSED
FIRST LANGUAGE	SECOND LANGUAGE	

IF REFERRAL IS NOT ACCEPTED PLEASE GIVE REASONS: