

Single Applicant Referral Form

It is important that this form is filled out as thoroughly as possible by a Support Worker, official agency worker, or someone who is supporting you.

Please check the appropriate boxes and enter information where necessary.

Referrer Details

Referring agency name	
Agency address	
Name of person completing referral	
Position	
Phone number	
Email address	
Is the person being referred, aware that you are referring them? If not, please explain	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you worked with the applicant	

Applicant Details

Name	
Known by any other names?	
Date of birth	
Gender	
Nationality & first language (if not English)	
National insurance number	
What identification can the applicant provide? If "other", please elaborate	Passport (In date) <input type="checkbox"/> Driving Licence (Full or Provisional) <input type="checkbox"/> Council Tax Bill (Last 12 months) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Biometric Residency Pass (Refugees) <input type="checkbox"/> Proof of Income / Benefits <input type="checkbox"/> Bank Statement (3 months) <input type="checkbox"/> Utility Bill (3 months) <input type="checkbox"/> Other <input type="checkbox"/> *Please send copies on I.D, proof of benefits and last address
Does the applicant have an active bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Last known address and move out date	Move out date
Best contact number	
Email address	
Current housing situation	
Reason for current housing situation	
Next of kin	
Relationship to applicant	
Address	
Best contact number	
Is the applicant eligible for Housing Benefit? If not, please explain Housing benefit number:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current source(s) of income	

Support Assessment

How much support does the applicant require (please tick the appropriate box):	
Motivation & Taking Responsibility	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Self-Care/Living Skills	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Managing Money/Personal Admin	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Social Networks & Relationships	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Drug Usage	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Alcohol Usage	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Mental Health	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Physical Health	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Maintaining Accommodation	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Work, Education & Hobbies	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Ex-Offender/Risk of Offending	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Learning Disability	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
History of Rough Sleeping	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Risk of Domestic Violence	V. High support <input type="checkbox"/> High support <input type="checkbox"/> Medium support <input type="checkbox"/> Low support <input type="checkbox"/> V. Low support <input type="checkbox"/>
Other, please explain	

Is the applicant currently involved with any other agencies?	Yes <input type="checkbox"/>	Agency	Contact Name & Number/Email
	No <input type="checkbox"/>		

Resident Assessment

Has the applicant lived in Supported Accommodation before?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the applicant have any outstanding debts/rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the applicant ever been evicted from a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can the applicant provide a landlord reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name/Company:	Contact number/email
Is the applicant on any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the applicant ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Offence:	Date:
Does the applicant have any pending court cases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Offence:	Date of hearing:

Please use this box to provide extra detail which couldn't be put elsewhere, or which is necessary for the application.
For example:

- Elaborate on current living situation
- Add more context to support needs identified above
- Add more context to any information identified in the Risk Assessment section
- Any further information you feel may support the application

Thank you for taking the time to fill out our referral form on behalf of your service user. If you could let us know how you found out about LiveWell Housing, then it will help us to learn the most effective ways of making even more people aware of our service. That way we will be able to help more people!

Data Protection

We gather information to identify if our services meet your needs; prove what we do and who we support. Some of this information may be sensitive but will be stored securely on our computer system and treated as confidential.

I understand this statement and consent to it; I also confirm that the information provided in this referral form is true, accurate, and can be used as part of the LiveWell Housing assessment process.

Signed (Service User):	Date:
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OR

As the referrer I confirm that the above statement has been read to the Service User and they have consented to it. Or I have the Service Users consent to provide you with information and for you to use it as detailed above.

Signed (Referrer):	Date:
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Once completed, please email through to info@livewellsocialhousing.co.uk and we will get back to you as soon as possible.

If you have any questions or need to speak to a LiveWell Housing officer, please call us on 0330 0439 445

LiveWell Housing Team