

Offending/Probation Details/History:

Is the Referral current to Probation Services? (please tick appropriate box)

Yes No

If yes, please complete Offender Manager details:

Name and Contact Details:.....

Please circle the appropriate programme/order the referral is subject to:

In Custody (give prison number of known).....

Licence Community Order
On Bail DRR Other

If Other, please specify;.....

If on any programme please specify start and end dates:

.....
Does the Referral have any pending Court appearances? (please tick appropriate box)

Yes No

If Yes, please give details:

.....

Risk (please circle) Low Medium High

Please complete below box with details of any risk that may be associated with the person being referred:

(E.g. does the referral have any convictions for arson, sexual or violent offences, offences against children, etc and who is the risk to-staff, males/females, lone workers?)

N.B Please attach an OASYS Report to your referral if available

Floating Support Referral Sheet

Are there any risk issues with regards to the person you are referring? (E.g. Lone working is not suitable)

Yes

No

If Yes, please give details in the box below:

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Please circle Yes or No accordingly and if answered yes to any, please give brief details in the end column

Current to Probation	Yes/No	
Household Details (E.g. Single, Children, etc)	Yes/No	
History of Violence	Yes/No	
History of Drug/Alcohol Use	Yes/No	
Mental Health Issues	Yes/No	
Links to other agencies	Yes/No	
Reasons For Referral/Any other Info		

Interview Questions

Prompt: Check that the basic details on the front of the pack are still correct since the referral was made (E.g. Name, D.O.B, Contact Details)

What has brought you here today?. What is your current housing situation?

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.....
.....
.....

Please tell us a bit about your accommodation history-have you ever had a private/RSL tenancy? If Yes, please give details (Dates, Landlord details). Have you ever been evicted/accrued any rent arrears? *(prompt for reasons why. Why do you think that happened? What's different now etc)*

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What would you like for the future and how do you think we could help you achieve that?

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.....
.....
.....

On a scale of 1-10, what number would you rate your current situation as?

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.....

On a scale of 1-10, what number would you like to be and what do you think you need to be able to achieve that?

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.....
.....

With regards to accommodation, what specifically are you looking for? (supported, self contained, shared, area choice, how many bedrooms, ground floor, etc)

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.....
.....

Other Information

Are you registered with a GP? If Yes, please give details of Doctor and surgery:

.....

Are you currently taking any prescribed medication? If yes, please give details:

.....
.....

Do you know your National Insurance Number? If yes, please give details below if in agreement to CASS having this information:

Are you currently working? If yes, please state where, how many hours and how much approximately you receive per week/month:

.....
.....

Are you currently claiming benefits? If yes, please state which benefits and how much you receive and how often:

.....
.....

Have you ever been in foster care? Have you ever had a Social Worker? If yes, please give details:

.....
.....

Have you ever been in the armed forces? If yes, please give details:

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.....

Have you ever spent any time in custody? If yes, please give details:

.....
.....

Are you in contact with anyone under the age of 16?.....

.....

Information for Applicants

(Project Workers should ensure they go through this carefully with the Applicant)

When you are considering CASS accommodation, you should be aware of the following information:

- All CASS accommodation is temporary (approx 2 year stay) with the aim of providing a period of stability and gaining access to permanent accommodation at the end of this period.
- All accommodation is Supported. Residents meet with their Worker to sign up to a Support Plan when they first move in, meet regularly with their Project Worker while in CASS accommodation and have to engage with the regular reviews of their Support Plan (usually quarterly). If you are unwilling to agree to this, then CASS is not appropriate for you and we will advise you on your alternatives.
- CASS has a confidentiality policy which states that any information passed by a resident to a CASS employee can be shared with any other CASS employee, and relevant information will be passed to the Probation Service. Other relevant information is passed to Support agencies with the resident's permission. If a resident discloses information of sufficient seriousness then we **will** pass on that information to the relevant authority (eg if a crime has been committed).
- If considering for "shared" accommodation there is a Personal Charge to be paid weekly (between £9.00 - £16.50) to CASS. This covers the costs of personal heat & light etc which are ineligible for Housing Benefit.
- Residents are expected to adhere to the terms of their Licence/Tenancy agreement. If you do not then ultimately you could lose your accommodation because of this.
- Violence/threats of violence to, or harassment of, any resident/employee/ contractor of CASS are treated very seriously. Anyone involved in this will have to leave CASS accommodation.
- The commonest reasons for people having to leave CASS are visitors, neighbour and noise issues. The expectations of both you and CASS in these areas should be fully discussed.
- Applicants need to provide 2 forms of proof of ID and proof of NI no for a new HB claim, if they have not previously done so.
- Following the interview, your application will be discussed at the next Team Meeting and you will be contacted with the outcome as soon as possible after that date.

I have read and understood the above. I wish to be considered for CASS accommodation. and agree to CASS contacting agencies involved in my support/ housing for further information in support of my application and authorise those agencies to pass on this information.

Signed:

Date:

EQUAL OPPORTUNITIES AND DIVERSITY MONITORING FORM

We would appreciate it if you would complete the following form. **You do not have to put your name on it and you can tick 'do not wish to answer' if you choose to.** We use this information to make sure we are being fair in the way we use our application policy for all our services. **ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

AGE (Please circle the relevant age group)	
Under 18	
18 - 49	
50- 64	
65 -74	
75 - 84	
85+	

SEX (Please circle as relevant)	
Male	
Female	
Transgender	

DO YOU CONSIDER YOURSELF TO BE? (please tick one only)		
1	Hetrosexual/straight	
2	Gay Man	
3	Lesbian	
4	Bisexual	
5	Not Sure	
6	Do not wish to disclose	

DO YOU CONSIDER YOURSELF TO HAVE ANY OF THE FOLLOWING DISABILITIES: (please tick one only) (the definition of disabled states – ‘you have a physical or mental problem which has a major long term negative effect on your ability to carry out normal day to day activities)		
1	Physical disability	
2	Mental Health Issues	
3	Substance Misuse Issues	
4	Learning disability	
5	Vulnerable Adult	
6	Do not wish to answer	

WHAT IS YOUR ETHNIC ORIGIN (please tick)		
1	Asian Bangladeshi	
2	Asian Indian	
3	Asian Pakistani	
4	Black African	
5	Black Caribbean	
6	Chinese	
7	Gypsy/Roma	
8	Mixed – White and Asian	
9	Mixed – White and Black African	
10	Mixed – White and Black Caribbean	
11	Traveller of Irish Heritage	
12	White British	
13	White Irish	
14	Any other Asian background	
15	Any other Black background	
16	Any other Mixed background	
17	Any other White background	
18	Any other ethnic group	
19	Do not wish to answer	

WHAT IS YOUR RELIGION (please tick)		
1	Agnostic	
2	Athiest	
3	Buddhist	
4	Christian	
5	Hindu	
6	Jewish	
7	Mixed Religion	
8	No Religion/Belief	
9	Other Religion	
10	Sikh	
11	Do not wish to answer	

THANKYOU FOR TAKING TIME TO COMPLETE

THIS FORM

PW Initials:

Scheme (IF SPECIFIC REFERRAL): please tick ACCOMMODATION (522), C47 (523), FELL HOUSE/WORKINGTON OFFENDER (524), FLOATING SUPPORT/STRSS (525), EDEN OFFENDER (795), ALCOHOL FLOATING SUPPORT (808)

AT RISK OF OFFENDING PROFILE

*This form should **only** be completed when the applicant has not been in contact with the Probation or Youth Offending Service, or it has been **longer than 6 months** since they were the subject of statutory supervision, unpaid work or were released from prison.*

Social circumstances (tick all that apply).

Negative peer group influence	Age (<25 yrs)
Mental Health needs	Chaotic lifestyle
Socially isolated	Unemployed
Substance misuse (<i>alcohol, drugs, both</i>)	
Physical health needs	
Using prescribed medication	

Offending indicators

Number of previous convictions 0 1 2 3 4 5 5+

Type of offences (*e.g. theft, violence etc*)

Date of last conviction/end of statutory supervision/prison release (*most recent*)

Outstanding fines

Housing circumstances (tick or circle as applicable)

Homeless	Insecure accomm (<i>family/friends etc</i>)
Unsuitable accomm (<i>eg poor quality private rented</i>)	
Hostel resident	Other (<i>eg, sofa surfing/temp accomm etc</i>)

Any other relevant factors? (detail below)

On the basis of the above I assess that the applicant meets the Supporting People criteria: "person at risk of offending, who is homeless or is having difficulties in relation to sustaining their accommodation or managing to live independently as a result of their offending behaviour"

Project Worker: _____ Date: _____

Team Leader: _____ Date: _____

RISK ISSUES

List convictions/incidents that suggest risk (*include dates and other relevant information*)

Risk and nature of, towards (*e.g. age related, male, female, family members, public, staff, vulnerable groups, ethnicity, sexuality, certain types of offenders etc.* **Nature of:** *eg, sexual, grooming, violence, financial/fraud*)

Do any risks arise for the applicant or Worker if CASS services are provided to them (*e.g. applicant known to have previously offered money to other agency workers*)

Implications for accommodation (*e.g. proximity to schools, previous victims, parks, families, suitability for sharing, suitability for floating support*)

CASS has a responsibility to manage risk. If there are any areas of uncertainty, the Worker should ensure this is discussed with the Team Leader, SDM, or Director.

ACCOMMODATION ISSUES

For completion by CASS Worker and after discussion with Team Leader.

This section aims to draw together information relating to past actions and attitudes to the following:

Any concerns over sharing:

Noise/Age:

Drug users/alcohol users:

Threatening behaviour and intimidation:

Relationships with others:

(particularly when considering for shared accommodation)

Racist/Homophobic attitudes:

Sex Offenders – attitudes to:

Gender Issues & Mixed sex properties

CASS APPLICATION CHECKLIST

Applicant:

Date:

- | | |
|--|-----------|
| Have basic applicant details been obtained? | Yes/No |
| Has sufficient accommodation history been obtained? | Yes/No |
| Has offending history been obtained? | Yes/No |
| Has Probation Service Risk assessment been obtained? | Yes/No/NA |
| <i>If MAPPP/RAMP/CPA, Sexual/Arson/Sec 18 Offences, or any assaults on residents in other settings – has Director been informed?</i> | Yes/No |
| If not current to Probation, has 'at risk of offending' form been completed? | Yes/No |
| Has sufficient information been gathered about substance misuse issues? | Yes/No |
| Has sufficient information been gathered about physical health issues? | Yes/No |
| Has sufficient information been gathered about mental health issues? | Yes/No |
| Has sufficient information been gathered about self-harm and suicide risk? | Yes/No |
| Has application been discussed with referral agency or other appropriate agencies? | Yes/No |
| Any other information required? (give brief details) | Yes/No |

Outcome: Accept/refuse/other (if other, give details)

- | | |
|---|--------|
| Has outcome letter been sent (cc to referral agency)? | Yes/No |
| Passed to Team Leader for closing with database entry | Yes/No |
| Team Leader passed DB form to Admin | Yes/No |

Signed and dated:
Project Worker:

Signed and dated:
Team Leader: