

WHITEHAVEN COMMUNITY TRUST

SUPPORTED ACCOMMODATION

REFERRAL FORM

AGENCY MAKING REFERRAL

Agency _____

Contact person _____ Tel no _____

What support can you offer? _____

PERSON YOU ARE REFERRING

Name _____

Address _____

Tel no. _____

Age _____ Date of birth _____

Male/Female _____ National Insurance No. _____

Name of G.P. _____

Medical conditions _____

Current prescribed medication _____

Names and ages of any children

HOUSING

Where is the applicant living at the moment? _____

Why is the applicant applying for accommodation? _____

Has the applicant been referred previously? _____

CONTACTS AND EXISTING SUPPORT

Is he/she in regular contact with any family members? Yes/No If yes, please give details such as name, address, relationship etc.....

If he/she gets support from any other agency please give details

Agency name _____

Contact details _____

SUPPORT NEEDS

Please tell us about any known support needs this person has

SUPPORT NEED	HIGH	MEDIUM	LOW
Health issues			
Learning difficulties			
Mental health			
Literacy problems			
Living skills			
Budgeting/debt problems			
Drug/substance abuse			
Alcohol			
Parenting			
Other			

OFFENDING BEHAVIOUR

Does he/she have any offending history that you are aware of? Yes/No
If yes, please give details, including any convictions

If he/she has a probation officer, please give details

Name _____ Address _____

Tel no. _____

Does he/she have any history of threatening behaviour, including verbal and/or physical abuse or arson?

Details _____

Do you know of any other information that is relevant to us in considering him/her for a place in Supported Accommodation? Please give details

Date _____