**DVA Service Referral Form**

 **Please complete all relevant sections IN FULL. Please fill the form in with the client and as fully as possible to ensure a timely assessment can be made.**

**PLEASE RETURN BACK TO THE FOLLOWING EMAIL ADDRESS, WHICH IS SECURE AND CONFIDENTIAL** Wiltshiredva@julianhouse.org.uk

|  |  |
| --- | --- |
| **Clients full name:** |  |
| **Title:** |  | **Date of Birth:** |  |
| **Preferred name or AKA** |  | **National Insurance No:** |  |
| **Contact Telephone Number(s):** |  |
| **Contact Address:** |  |
| **Ethnicity:****Please circle how the applicant defines themselves:** | White British White Irish White Other Black/Black British (African)Black/Black British (Caribbean) Black/Black British (Other)Asian/Asian British (Bangladeshi) Asian/Asian British (Indian) Asian/Asian British (Other) Asian/Asian British (Pakistani)Chinese Dual Heritage Mixed Background Prefers not to answer |
| **‘other’** | Please provide details:  |

|  |  |
| --- | --- |
| **Date of Referral:** |  |
| **Person completing this referral:** |  |
| **Organisation/Agency of Referrer** |  |
| **Telephone Number** |  | **Does the client have a local connection?** |  |
| **Is client registered with Homes4Wilts?** |  | **What are the clients banding status?** |  |
| **Length of time client known to Referrer** |  | **Is Client aware of referral?** |  |

**Section 1 – Personal Details and Housing History**

|  |  |
| --- | --- |
| **Most recent/current address or Living arrangements** |  |
| **Reason for being homeless** |  |
| **Has the client held their own tenancy?** |  |
| **Next of kin contact details** |  |

|  |  |
| --- | --- |
| **Has the client been in supported housing or had their own accommodation before?** |  **Yes No**  |
| **If ‘yes’, please confirm the following:** |
| **Where/What Organisation?** **Dates of placement(s) or tenancy?** |  |
| **Does the client have any former tenancy arrears?** | **Yes No**  |
| **If ‘yes’, please confirm the following:** |
| **Landlord details?** | **Amount Owed?** | **Repayment Plan in place?** | **Repayment plan details?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2 - Individual Requirements**

**Will the applicant have any specific individual requirements during the assessment or in key working that we need to be aware of?**

Communication/language barriers o Yes o No

Sensory impairment o Yes o No

Reading or writing o Yes o No

Is a comfort break required during the assessment (if the applicant has difficulties with attention or memory span or sitting for long periods for example) o Yes o No

Does the applicant consider themselves to have a disability? o Yes o No

If yes, please give details …………………………………………………………………………………………………………………

Would the applicant like another person present during the assessment? o Yes o No

If yes, please include their name and contact details ………………………………………………………………

……………………………………………………………………………………………………………………………

Does the applicant have any cultural or religious requirements? o Yes o No

If yes, please give details ………………………………………………………………………………………………

**Please comment below on what we can do to alleviate any difficulties or include any other information that we need to be aware of that is not included elsewhere on this form.**

**Please include in this section any information about the applicant that may cause them distress to discuss at the assessment.**

**­­­­­­­­­­­­­­­­­­­­­**

**Section 3 – Income Details**

What is the client’s current employment status?

o Not working o Full time work o Part time work o Education

Is the client in receipt of benefits? o YES o NO

If not, why not?

……………………………………………………………………………………………………………………………….

If yes, which benefits?

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Frequency** |
| **Income Support** |  |  |
| **Universal Credit** |  |  |
| **Income based JSA** |  |  |
| **Pension** |  |  |
| **Employment Support Allowance** |  |  |
| **Disability Living Allowance/Personal Independence Payment** |  |  |
| **Incapacity Benefit**  |  |  |
| **Other (please specify)** |  |  |

**Section 4 – Support Needs**

**Identifying support needs will allow Julian House to offer the client the most appropriate service tailored to meet their needs. Clients must be willing to engage with the support offered.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Needs** | **Yes** | **No** | **Brief Description of support required** |
| **Life and Social Skills** |  |  |  |
| **Managing Health Issues** |  |  |  |
| **Money/Budgeting/Benefits** |  |  |  |
| **Education/Training/Employment** |  |  |  |
| **Establishing or maintaining support networks** |  |  |  |
| **Managing a tenancy or finding long term accommodation** |  |  |  |
| **Communicating with other agencies** |  |  |  |
| **Form filling** |  |  |  |
| **Other (please specify)** |  |  |  |

**Substance Misuse**

**Drug Misuse**

Is the client currently engaging with a drug worker?  o Yes o No

If yes, please provide their name and contact details, including the name of the organisation they work for.

Can we contact them for information before entry? o Yes o No

Signed…………………………

Please provide details of substances used:

|  |  |  |
| --- | --- | --- |
| **Substance used** | **Current or Previous** | **When Last Used** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

How long has the client been abstinent/scripted and not using on top?

**Alcohol Issues**

Are you engaging with an alcohol worker? o Yes o No

If yes, please provide their name and contact details including the name of the organisation they work for.

Can we contact them for information before entry? o Yes oNo

Signed…………………………

How long has the client been abstinent from alcohol?

**Physical and Mental Health**

|  |  |
| --- | --- |
| Please state if you have any medical conditions that you want to tell us about? e.g., Asthma, Diabetes, Epilepsy etc. |  |
| Do you have a physical disability? | oYes |  o No |
| If yes to either of the above, please give details including any medication that is prescribed to you |  |
| Do you have a specific Mental Health problem/diagnosis? |  Yes | o No |
| If yes, please give details  |  |
| What medications (and dosage) are you currently taking? |  |

**Contact details of all other agencies and organisations involved in the care and support of this client**

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency or Relationship** | **Telephone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Section 4 – Risk Assessment**

Evidence or disclosure of information under any of the following headings will not necessarily exclude an applicant being accepted by the service. Giving comprehensive details of any know risk/triggers will enable us to support the client safely and effectively.

|  |  |  |
| --- | --- | --- |
| **Do you have a history of:** | **Yes** | **No** |
| Self-Harm/Suicide attempts |  |  |
| If yes, please give details: |  |  |
| Arson |  |  |
| If yes, please give details: |  |  |
| Violence/Aggression to others |  |  |
| If yes, please give details:  |  |  |
| Sexual Offences |  |  |
| If yes, please give details: |  |  |
| Putting others in danger |  |  |
| If yes, please give details:  |  |  |
| Other criminal offences |  |  |
| If yes, please give details:  |  |  |
| Any other risk identified: |  |  |
| If yes, please give full details:  |  |  |

**Referrer**

I have read the application and believe it to be an accurate assessment of the situation and needs of this client. I understand that knowingly omitting or providing false information to gain this person entry into the service could put their accommodation risk.

|  |  |
| --- | --- |
| Name(Please Print) |  |
| Date |  |
| Signature |  |

**Referee**

**Permission to share information and make enquiries:**

So that Julian House can consider your application, we need to ensure that as much information as possible can be shared between agencies about your needs. All information we have and receive will be treated as confidential and shared only with those who need it to help you.

**Statement of Agreement:**

I understand and agree that for my application to be considered, it will be necessary for staff working for Julian House to have access to the information contained within this form. o

I accept and agree that it may be necessary for Julian House staff to contact other agencies who work with me, so they can get a better understanding of my individual needs o

I confirm that the information on this form is correct; I understand that providing false information may lead to my application being declined or an offer of accommodation being withdrawn o

|  |  |
| --- | --- |
| Signed (Applicant): |  |
| Print Name: |  |
| Date: |  |

**Confidentiality – Data Protection Act 1998**

We deal with personal and sensitive information in line with the Data Protection Act 1998. Personal and sensitive information is what you have told us about yourself, what other organisations have told us about you, or may tell us in the future.

We will always hold and use information in accordance with the law. This may include using it for statistical or research purposes, and to update our records. We may need to share some details about you with other organisations that have the right to see them, such as the police or social services. We will never give details to anyone else – including outside organisations - unless you have given your permission to do so.