

Supported Housing Referral Form

Location of Property: Hereford

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| Part 1: | Introduction |
| Part 2: | Our Referral Criteria |
| Part 3: | Basis for Referral |
| Part 4: | Applicant’s Personal Information |
| Part 5: | Applicant’s Personal History |
| Part 6: | Current Support Needs |
| Part 7: | Assessment of Risk |
| Part 8: | Declarations |

**Instructions**

1. Please would you provide **typed answers**
2. Please email completed forms
3. Information sharing by the referral agency is essential for a successful referral.
4. The referral agency should forward to The Living Hope House any additional supporting material - for example existing support plans
5. **We must have received a FULLY completed referral form to help us decide to proceed**

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| Full name of person being referred: |  |
| Date of referral: |  |

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| Part 1: Introduction |

## 

Dear Referral Agency, if you are thinking of making a referral to our supported housing project, please give us a call first. Thank you.

**1.1 Overview**

The Living Hope will commence operating its first supported accommodation home with 4 bed spaces in November 2024 in Hereford. This supported accommodation aims to assist homeless people progress from transition housing, where residents are supported by specialist staff, towards sustainable independent living.

**The Living Hope House** provides a community house, where individuals are assisted to break the cycle of dependence, to review their strengths, needs and aspirations, to develop positive approaches for sustainable, independent and fulfilling lives. The residents and **The Living Hope** volunteer team will work together to tailor and periodically review residents’ progress on individual support programmes, which will be a condition of their licence agreement. We will focus appropriately on: life skills; housing issues; money management; wellbeing – physical, mental, emotional and spiritual health; also building or rebuilding family and social networks. Focused activities will include education/training, volunteering and work placement, to assist residents in acquiring the attitudes, knowledge and skills required for entering or re-entering employment. Individual mentoring and advocacy will be provided by trained and skilled volunteers, working with partner organisations and local specialist agencies, to provide comprehensive support.

**The Living Hope** is a Christian charity. Therefore, all residents will need to be aware of, and at ease with, the Christian values that will influence the way we work. There is, however, no requirement to be a Christian to join the house.

**The Living Hope Team** is led by Vikki Thomas and Sid Freeman.

Vikki holds a first-class degree in Property Management & Investment, is a Chartered Surveyor and has over 20 years’ experience in private sector housing and HMO management. Vikki has successfully managed multiple businesses and has a deep passion for mentoring and personal growth. In recent years, her focus has shifted towards supporting charitable causes and addressing homelessness; using her experience and skills to create sustainable housing solutions for vulnerable individuals.

Sid is an educator, whose particular expertise is assisting individuals to develop understanding, skills and personal qualities needed for lasting improvement. For about 10 years, he has been committed to supporting individuals who are vulnerable, marginalised and experiencing homeless.

Together, Vikki and Sid form a dedicated leadership team committed to making a meaningful impact in the lives of those they support.

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| Part 2: Our Referral Criteria |

To refer a person to **The Living Hope House** for supported accommodation the candidate MUST meet the following criteria:

**General Criteria**

1. Single males only
2. Minimum age: 25\* / Maximum age – open, but would always be subject to an assessment of needs
3. Must be eligible for housing benefit and prepared to stay at The Living Hope House for a minimum term of six months
4. Whilst there is no maximum stay, we are preparing residents for independent living, so they will enter into a review on next steps if they have been at The Living Hope House for 1 year. Progress reviews are held every 3 months.
5. We can house those with a proven commitment to an addiction recovery programme, but to safeguard all residents, The Living Hope House has a strict 'zero' drug and alcohol policy

* The Living Hope House is a ‘dry house’ - alcohol is not allowed on the premises
* It is also a ‘clean house’ - drugs are not allowed on the premises. Random drug testing will be part of the residency contract.

1. Anyone self-harming would be subject to a full risk assessment, prior to being offered a place in The Living Hope House
2. We are unable to offer housing to individuals with convictions for Section 1 offences, including arson, sexual offences, carrying a weapon, or violent offences
3. Sadly, we cannot accommodate pets.

**Support Related Referral Criteria:**

1. Must have at least some medium support needs
2. Must be willing to work with The Living Hope Team member weekly to meet the objectives of their Support Plan. This will include engaging with (and not restricted to) one-to-one sessions with support workers, relevant activities, residents’ meetings and workshops.
3. Must have a desire to be helped towards positive change.
4. Must be willing to abide by the House Rules (and expectations), Regulations and License Agreement.
5. Must be aware of, and comfortable with the Christian values of The Living Hope House.
6. Must be willing to engage with the support programme and to participate in meaningful activities. These may include: volunteering, training & education, skills development, employment, engagement with community, social and leisure activities. The target in the licence agreement is a minimum of 3 hours meaningful activity per week.

**Please make sure you fill out this form fully with detail. This form will not be accepted if there is not adequate information.**

**Please avoid one word answers.**

**We will not be able to consider anyone without an adequately completed referral form.**

**All referral forms to be emailed to: hello@thelivinghope.org.uk**

**Privacy Notice**

By providing your personal details you agree to allow us to store your information in our secure database and to contact you by mail, email, phone or SMS in connection with its charity purposes. We do not make personal data available to external organisations, except for the purpose of our accountability and supervision to provide you with a better service.

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## Referral Agency’s Details

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| Name of Referral Agency: |  |
| Email: |  |
| Phone: |  |

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| Part 3: Basis for Referral |

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**3.1 Main Reason for Referrals**

Please state why you think this form of accommodation will suit the potential resident.Please also state the level of support needs you consider this person to have.

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| **I would consider this person’s support needs to be: LOW / MEDIUM / HIGH (Please delete two to leave the level that is most appropriate)**  I think this form of accommodation will suit the candidate because (max 20 words): |

**3.2 Summary of Needs**

Please give a summary of the support needs of the individual.

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| I would consider this person to be in need of support due to: (please give examples)   1. Mental health issues – 2. Physical health issues – 3. Emotional health issues – 4. Substance misuse problems – 5. Family problems – 6. Relationship breakdown - 7. Debt / Money Management Issues – 8. Confidence/Self-esteem issues – 9. Educational needs – 10. Leaving Care – 11. Bereavement issues 12. Offending / Probation issues – 13. Risk of exploitation / abuse - |

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| Part 4: Applicant’s Personal Information |

**4.1 Applicant’s Personal Details**

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| Personal Information | | | | | |
| **Title (Mr, Mrs, Miss, Ms)** |  | **Date of birth and age** |  | **Gender** |  |
| **Full name** |  | **Alias (name otherwise known as)** |  | **Preferred first name** |  |
| **Marital status** |  | **Telephone number (day)** |  | **Mobile number** |  |
| **NINO**  **(required for accessing benefits)** |  | **Address (full postal address). If no fixed abode, please state** |  | | Postcode: |
| **Do I benefit from another support service? Yes/No** |  | **Address of support service including phone number** |  | | Postcode: |
| ***Am I in prison or a***  ***rehabilitation service?*** |  | ***Address and phone of prison or***  ***rehabilitation service*** |  | | Postcode: |
| **Category of primary need i.e., ex-offender, homeless, mental health etc** |  | **Medication currently taken:** |  | **Do I have a CV? If yes, what is the date of my CV?** |  |
| **Which state benefits do I currently receive?** |  | **Do I have a bank account? If yes, who do I bank with?** |  | **Proof of ID provided / not provided (details):** |  |
| Family Information | | | | | |
| **Next of kin details / Phone number** |  | | **Name(s) and current age or D.O.B. of children** |  | |
| **Children’s town of residence** |  | | **Name(s) of children’s carers** |  | |

**4.2 Other Agencies and Services**

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| --- | --- | --- |
| **Other services involved with this person** | | |
| **Name of Agency** | **Frequency of contact** | **Purpose of contact** |
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| Part 5: Applicant’s Personal History |

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**5.1 Housing History**

Please list last five addresses (full address) if these are available:

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| Full Address | Type of Housing | Start Date | End Date | Reason for Leaving (e.g. rent arrears, behaviour of friends, neighbour disputes, anti-social behaviour, evictions, harassment, other) |
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**5.2 Employment**

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| **Is the potential resident currently?** | **Yes/No** | **Details** |
| In full-time work |  |  |
| In part-time work |  |  |
| Unemployed |  |  |
| Undertaking voluntary work |  |  |
| In education or training |  |  |

**5.3 Finance**

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|  | Yes/No | Details |
| Is the person in receipt of welfare benefits |  | ESA/UC/ PIP/ Other? |
| How much income does the person receive each week/fortnight/monthly and from where? |  |  |
| Is he in debt and how much is owed? |  |  |
| Any deductions from benefits (if so, how much)? |  |  |

**5.4 Details of Convictions**

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|  | **Yes/ No** | **Please detail where the answer is Yes** |
| Has the applicant any criminal convictions that are NOT spent under the terms of the Rehabilitation of Offenders Act |  |  |
| Is this person subject to any statutory order, ASBO, Community Rehabilitation Order or MAPPA involvement etc? |  |  |
| Is this person subject to a probation officer (please specify name and contact details)? |  |  |
| Has this person a history of:   * Carrying an offensive weapon? * Arson? * Sexual assault? * Violence? * Schedule 1 offences? |  |  |

**5.5 Prison Services**

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| **Please detail any sentences below** | **Start & End Date** | **Reason for imprisonment** |
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**5.6 Medical Conditions or Disabilities**

(Including treatments being given and including medication being taken)

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| For example, please give details about lack of illnesses, lack self-care, a recent hospitalisation, mobility problems/other physical disability, learning disability and mental health conditions, etc;  **For mental health does the applicant have a clinical risk management plan or other risk document from mental health services and have you provided all relevant documents. YES/NO** |

**5.7 Substance Misuse**

* Details of any substance misuse (drugs or alcohol). Include past and present usage, details of any rehab or detox attended, any ongoing support being received. Length of time in recovery from alcohol and/or drug misuse.
* Details of applicant’s current commitment to / participation in, drug and or alcohol recovery programmes / activities, including length and regularity of involvement.

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| PART 6: Current Support Needs |

**In your opinion in which of the following areas do you think the applicant needs support?**

Please put a ‘Y’ for **ALL** that apply

Please note as this is a referral for supported housing, we expect a potential resident to need support in a significant number of these specific areas.

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| **6.1 General Support** | | | | | |
| Understanding my support needs and accessing support |  | Making plans for healthier living |  | Making plans to gain independence |  |
| Registering with Doctor/Dentist |  | Building confidence |  | Joining a social activity |  |
| Emotional support |  | Contacting friends / building up a social network |  | Other addictions or concerns (e.g. gambling, hoarding etc) |  |
| Substance misuse issues - alcohol |  | Daily living skills – shopping, housework etc |  | Domestic abuse or exploitation concerns |  |
| Substance misuse issues - drugs |  | Learning to access support when I need it |  | Disability issues |  |
| Mental health issues |  | Making and maintaining relationships |  | Personal safety and security |  |
| Join a gym or fitness class |  | How to contribute in group meetings and in my community |  | How to share my opinion and make complaints |  |
| General health and well-being |  | Gaining access to other services |  | Safeguarding concerns |  |
| Social skills/behaviour management |  | Self-harming issues |  | Going on social events |  |
| Contacting family |  | Sexual Health Issues |  | Resolving issues peaceably |  |

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| **6.2 Managing Money** | | | | | |
| Making a budget plan |  | Monitoring spending habits |  | Feeling in control of finances (as opposed to feeling out of control) |  |
| Managing debts |  | Ensuring all eligible benefits are claimed for |  | Understanding how credit works |  |
| Opening a bank account/setting up a standing order for rent |  | Creating a savings plan |  | Assistance with food shopping |  |
| Debt management |  |  |  |  |  |

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| **6.3 Life Skills** | | | | | |
| Setting up daily routines – cleaning and what is expected |  | Making minor repairs |  | Food preparation |  |
| Setting up daily routines – laundry |  | Dealing with letters, benefit claims |  | Difference between Needs and Wants |  |
| Setting up daily routines – relaxation/socialising |  | Utility Bills (setting up payment plans) |  | Planning Meals |  |
| Shopping on a budget |  | Working well with other residents |  | CV writing |  |
| Training |  | Volunteering |  | Employment – ‘permitted work’ |  |
| Education |  | Promoting citizenship including voting |  | Finding employment agencies to help find opportunities |  |
| Using transport or obtaining a bike |  | Parenting Skills |  | Literacy / Numeracy |  |

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| 6.4 Managing a Licence or Tenancy | | | | | |
| Understanding a tenancy/licence agreement and house rules |  | Fire Procedures |  | Reporting repairs |  |
| Health, safety and protection in the home |  | Paying Rent |  | Accessing the property |  |
| Anti-social behaviour |  | Utility Bills (setting up payment plans) |  | Finding furniture for a future move |  |
| Harassment |  | Communicating well with the landlord (eg disputes and complaint procedures) |  | Accessing grants to help future move on |  |

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| **6.5 Moving On (Future Resettlement)** | | | | | |
| Registering on the housing register |  | Looking for a private let / register with letting agencies |  | Research Local Authority and voluntary agencies deposit schemes |  |
| Help with furniture |  | A renting ready course – eg like with CRISIS |  | Help with understanding paying bills on a card |  |

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| PART 7: Assessment of Risk |

Please use the following definitions to answer the questions for **ALL** potential residents.

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| **LOW** | Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring. |
| **MEDIUM** | More frequent/regular incidents and/or of a more significant nature |
| **HIGH** | Likely, severe or significant |

**Risk Assessment Statement: Please note that** **we are unable to offer housing to individuals with convictions for Section 1 offences, including arson, sexual offences, carrying a weapon, or violent offences. This is to ensure the safety of our team and due to insurance limitations.**

**For individuals with other complex needs, additional information may be required to assess suitability.**

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**7.1 Risk to Others**

**Does the applicant have a history/is there a risk of any of the following *to* others:**

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| **Category** | **Risk Level (Low, Medium or High)** | **Any specific ‘triggers’, or additional comments. Who might be at risk?** |
| Physically abusive |  |  |
| Mentally abusive |  |  |
| Sexually abusive |  |  |
| Racially abusive |  |  |
| Verbally abusive |  |  |
| Lack of remorse or regret |  |  |
| Making serious false allegations |  |  |
| Theft |  |  |
| Damage to property |  |  |
| Arson |  |  |
| Threatening/ challenging behaviour |  |  |
| Feeling aggressive and out of control |  |  |
| Reactions do not match the situation i.e. getting very angry over minor issues |  |  |
| Other types of offending behaviour |  |  |

**7.2 Risk to Self**

**Is there a history or current risk of any of the following to self?**

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| **Category** | **Risk Level (Low, Medium or High)** | **Any Specific Triggers or Additional Comments** |
| Self-Harm |  |  |
| Eating disorders |  |  |
| Misuse of medication/ accidental overdose |  |  |
| Suicidal thoughts or attempts |  |  |
| Abuse from others |  |  |
| Learning difficulties |  |  |
| Difficulty Socialising |  |  |
| Problems with eating or sleeping |  |  |
| Isolation, withdrawing from people |  |  |
| Feelings of hopelessness |  |  |
| Self-neglect |  |  |
| Easily agitated or paranoid |  |  |
| Feeling very high or low |  |  |
| Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause |  |  |
| Behaving in a way that others feel is inappropriate e.g. sexually disinhibited |  |  |
| Feeling obsessed with violent videos, written materials or weapons |  |  |
| Substance misuse |  |  |
| Other mental health issues |  |  |

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| PART 8: Declarations |

To the best of our department’s knowledge the information within this form is true and accurate;

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| **Print Name:** |  |
| **Referral Department/ Organisation:** |  |
| **Signature:** |  |
| **Date:** |  |

##### Declaration of person wanting to access our supported housing accommodation

I authorise The Living Hope’s staff and volunteers to communicate with agencies/individuals on my behalf. Specifically, this may include:

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| * Job centre and local authority workers | * Lawyers / solicitors |
| * Doctors, Health and mental health workers | * Previous landlords and accommodation providers |
| * Housing workers | * Police or Probation workers |
| * Social workers | * Voluntary sector support agencies |
| * Drug and alcohol workers | * Family / friends |
| . . . . . . and any other support agencies that I am working with. |  |

I agree to engage with The Living Hope’s staff and volunteers and to work with an initial support plan to help me to sustain my licence.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to The Living Hope where necessary.

I also agree that The Living Hope may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

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| **Applicant Name (Print):** |  |
| **Signature:** |  |
| **Date:** |  |