

[referrals.sunderland@homelessaction.org](mailto:referrals.sunderland@homelessaction.org)

## SUPPORTED ACCOMMODATION REFERRAL FORM

First Name			
Surname			
Date of birth		Age	
Gender		NINo	
Current address			
Contact number			
Email address			

**Current address is (please tick):**

Own tenancy	
Friend/family	
Sofa-surfing	
Night shelter	
Rough sleeping	

Brief reason for homelessness on this occasion

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Have you previously lived in supported accommodation? If so, please give details

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**Next of kin**

Name		Relationship	
Address		Contact number	

Are you currently registered with a doctor? Yes / No (*delete as appropriate*)

## **Benefits**

Which benefit is being received?	
Is there a recent award letter?	
If no benefits are in place, when was the last claim and where was this?	
Do you have your own bank account	
Do you have access and login information to access your UC account?	

*Please try to answer this next section as honest as possible. This helps us to identify what help and support will be most useful to you.*

## **Current/Past alcohol use**

Please specify drinking habits (including levels, regularity, historical use). When was alcohol last used?

How does it affect daily life (In terms of behaviour, lifestyle etc.)? Has there been hospital admission as a result of alcohol use?

Is there any help/support in place? If yes, please give details.

## **Current/past drug use – substance use**

Do you take any drugs? If yes, which drugs and when was the last time you took any drugs?

Is there any help/support in place for this? If yes, please give details.

Are there any medical conditions that are a possible result of drug use?

**Violence, aggression, harassment or bullying**

Has violence or aggression ever been an issue?

Have there been any arrests/cautions for this? If yes, please give details.

Could this present a problem for staff/other residents within shared accommodation? If so, how can supported accommodation help with this?

**Offences towards you (including domestic abuse and other forms of abuse including sexual, bullying, harassment and intimidation)**

Have there been issues with violence/aggression, abuse, bullying or harassment in the past or present towards you? Please provide details

Were the police involved?

Are there any pending court cases and/or injunctions in place? Please give details

Is there any support in place for this?

**Offending behaviour**

Are there any spent convictions or cautions or custodial sentence/s? Please give details

Are there any unspent convictions or cautions or custodial sentence/s? Please give details

Are there any pending court cases?

What, if any, agencies are involved (Probation, Police, Nacro etc.)? Are there any licence agreements/bail conditions?

**Mental Health – depression, anxiety, wellbeing etc.**

Have any mental health issues been diagnosed? Please give details.

Are you on any medication?

Is there any help/support in place? If yes, please specify.

**Self-harm/suicidal thoughts**

Have there ever been any thoughts of self-harm or suicide?

Is there any support in place? If yes, please specify.

**Physical Health**

Are there any medical conditions or allergies we should be aware of? Is there any medication prescribed?

Is any additional help and support required?

## **Supporting documents checklist**

*If you have any supporting documents, please tick here and attach to the back of the self-referral form.*

Summary of previous convictions	
Risk of harm summary	
Probation licence agreement	
Probation risk assessment	
Any further supporting documents (please name and give details below)	

## **Consent**

I agree to a referral being made into supported accommodation. I also give Homeless Action my consent to contact, liaise with other agencies and services and to discuss any issues relating to my needs and risk assessment in order to make an informed decision as to whether I am offered accommodation or not.

Name		Date	
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Under the new General Data Protection Regulations (2018), Homeless Action needs to take this information from you in order to be able to offer you a service. We keep this information secure in line with our information governance policies.

I consent to Homeless Action storing this referral information about me on their electronic database for a maximum period of up to 30 days. I also understand the way in which my personal data will be stored and destroyed by Homeless Action.

Name		Date	
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