



Referral, Needs and Risk Assessment Form

This form is designed to cover all referrals to any of our Projects from a variety of agencies. Please complete all relevant sections as comprehensively as possible. If the applicant is engaging with a drug or alcohol service and is also subject to Probation supervision the referral should always be made by the Offender Manager.

House of Heroes offers a variety of levels of supported accommodation for Service Users with homeless background, drug or alcohol misuse issues and/or offending histories. We endeavour to match accommodation types and support levels to the needs of the individual.

For details of the range of accommodation and support available, see our House of Heroes literature (please ask for a copy if you do not have one) or alternatively visit our website www.houseofheroes.co.uk

The referral process:

Referrer completes form



Referrer posts original signed application form and referral form by post 1st Class



House of Heroes confirms receipt of referral and application form within 3 days; provides details of staff contact for further discussion; and liaises with referrer as required.



Interview to take place with House of Heroes referral worker.



House of Heroes confirms if eligibility criteria are met and if applicant has been successful, availability of accommodation, or waiting list position.

Confidentiality Statement

The information given within completed forms is covered by the Data Protection Act 1998. In normal circumstances it can only be used for the express use of assisting during selection and placing procedures for accommodation and support planning for the applicant. However if there is a serious risk of harm to others or the applicant, section 115 of the Crime and Disorder Act 1998 provides for information to be discussed as is considered necessary.

Our postal and contact details are as follows:

The House of Heroes

Ovis Farm

Bratton Fleming

Barnstaple

Devon

EX31 4TP

01598 710989

ovisfarm@hotmail.co.uk

Section 1. Referral

Name of Referring Agent	
Name of Agency	
Full Postal Address	
E-mail:	
Tel No (inc dial code)	
Mobile Tel	
Fax No	

Section 2. APPLICANTS PERSONAL DETAILS

Full name	
DoB	
Current address	
Next of Kin – name, address and tel.	
GP details	
Current Medication	
N.I. No.	
Tel No (inc dial code)	
Mobile Tel	

Applicants Current Status

Mark X (more than one can be indicated if appropriate)

Prisoner/on remand

- Serving community sentence
- On bail
- Engaging in drug treatment
- Engaging in alcohol treatment
- Awaiting drug treatment
- Awaiting alcohol treatment
- Other *(please specify, to enable eligibility to be confirmed)*

Section 3.1 Applicant currently in custody (please supply copy of oasys report and any lists of previous convictions)

(For offenders resident in the community go straight to 3.3. below)

Earliest date of release		
Eligible for Parole	Y	<input type="checkbox"/>
	N	<input type="checkbox"/>
Earliest Parole Date		

Relevant details of Current Offence/s or Charge/s

Details of licence conditions on release

Will any additional requirements be added to the licence:

(Mark X as appropriate)

Licence conditions/order	<input type="checkbox"/>	Program requirement	<input type="checkbox"/>
Contact requirement	<input type="checkbox"/>	Curfew requirement	<input type="checkbox"/>
Prohibited activity requirement	<input type="checkbox"/>	Exclusion requirement	<input type="checkbox"/>
Residency requirement	<input type="checkbox"/>	Supervision requirement	<input type="checkbox"/>
Prohibited residency requirement	<input type="checkbox"/>	Non-association requirement	<input type="checkbox"/>
Prohibited contact requirement	<input type="checkbox"/>	Drug-testing requirement	<input type="checkbox"/>

If you have marked X on any of the above, please give details below of, for example, program requirement.

Details of pending court appearances including charges and relevance of accommodation to possibility of bail.

3.3. – COMMUNITY BASED REFFERALS

Requirements attached to any Community or Suspended Sentence

Supervision	<input type="checkbox"/>	Exclusion	<input type="checkbox"/>
Unpaid Work	<input type="checkbox"/>	Residence	<input type="checkbox"/>
Specified Activity Programme	<input type="checkbox"/>	Mental Health Treatment*	<input type="checkbox"/>
Prohibited Activity	<input type="checkbox"/>	Drug Rehabilitation*	<input type="checkbox"/>
Curfew	<input type="checkbox"/>	Alcohol Treatment*	<input type="checkbox"/>
Post Release Licence		Attendance Centre	<input type="checkbox"/>
<i>(If Yes, please mark against relevant Supervision)</i>			Y <input type="checkbox"/>
			N <input type="checkbox"/>

*** Please complete treatment details, whether required by order or not:**

Name of Treatment Manager	<div style="border: 1px solid black; height: 20px;"></div>
Name of Treatment Agency	<div style="border: 1px solid black; height: 20px;"></div>
Full Postal Address	<div style="border: 1px solid black; height: 40px;"></div>
E-mail:	<div style="border: 1px solid black; height: 20px;"></div>
Tel No (inc dial code)	<div style="border: 1px solid black; height: 20px;"></div>
Mobile Tel	<div style="border: 1px solid black; height: 20px;"></div>
Fax No.	<div style="border: 1px solid black; height: 20px;"></div>
Treatment details (medication, counselling, anticipated duration, anticipated outcomes etc)	<div style="border: 1px solid black; height: 80px;"></div>

Supervision Details

Extended Sentence Licence	<input type="checkbox"/>	Community Suspended Sentence	<input type="checkbox"/>
Life Licence	<input type="checkbox"/>	HDC	<input type="checkbox"/>
ACR / DCR Licence	<input type="checkbox"/>	YOI Licence	<input type="checkbox"/>

Please can you indicate why you are making this referral?
(include any accommodation issues linked to re-offending)

Mark X as appropriate

- Struggling to live independently, requires support
- At risk of re-offending because of present location
- Victim of harassment at present location
- Relationship breakdown
- Other / further comments

Section 4. DETAILS OF OTHERS RELEVANT TO THIS APPLICATION

Mark X in the box if no-one and to go to Section 7

Not all accommodation will enable the applicant to have others living with them or visiting their accommodation

If possible, are there other people that the applicant would expect to regularly visit their accommodation – e.g. , partner, parents, children etc

Surname	Forename	Relationship	Age	Live With	Visit

Is the applicant, expecting a child? **Y/N**

Section 6. SUPPORT NEEDS & OTHER RELEVANT ISSUES

How will the applicant pay for their accommodation?

- Privately Funded (cost details available)
- Apply for benefit

Please note that in addition to any housing benefit the applicant may receive for accommodation, they will also need to pay personal and service charges.

Has the applicant received welfare benefits (e.g. Housing Benefit, DLA, ESA) in the past?

- Y
- N

If in receipt of benefits now please supply details below.

Issue	Y/N	Is the applicant motivated to deal with this issue?	Current support in place? Include agencies, programmes and contact information
Substance Misuse <i>Including Alcohol</i>			
Mental Health <i>Please supply details</i>			
Physical Health <i>Please supply details</i>			
Physical/ Mental /Learning Disability <i>please specify</i>			
Language support e.g. Interpreter			
Independent Living Skills / Institutionalisation <i>Please supply details</i>			
Skills to keep a tenancy <i>Please specify</i>			
Budgeting & Debt Management <i>Please supply details</i>			
Medication <i>Please supply relevant details. Is client able to manage own medication?</i>			
Self Harm <i>Please supply details</i>			
Literacy and/or numeracy			
Family/ personal/ relationship issues			

Planning for Education, Training & Employment			
Other Needs & Issues			

Section 7. RISK ASSESSMENT

If **NOT** completed by the Referring Agent, please indicate who this form was completed by:

Name

Job Title

Agency

Tel No

**Does the applicant currently present any of the following risks to others or themselves?
Mark X as appropriate**

Threatening behaviour or aggression to Others:	Yes	No known history	Risk Level L = Low M = Medium H = High V = V High	Detail below relevant sentences, incidents & their relevance to location and type of accommodation and support required
<i>Children (own or other)</i>				
<i>Women</i>				
<i>BME</i>				
<i>Gay/Lesbian</i>				
<i>Family Members</i>				
<i>Other</i>				
<i>Staff</i>				
<i>Public</i>				
Risks to others or themselves				
Risk of using/carrying weapons				

Detail any action the applicant has taken to overcome previous difficulties e.g. Anger Management, Detox, Good Tenant, Carats goals achieved and programs attended whilst in custody / on supervision.

Difficulty	Action Taken	Provided By / Where and When

Is the applicant likely to co-operate with support?

Y
N
Unknown

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Completed By:

Job Title:

Signed:

Date

Section 9. Statement by applicant

To be completed by the applicant themselves after they have reviewed content of this Referral Form.

Where possible, the applicant should take this sheet away to allow time to fully consider answers. Another person may complete the form in discussion with the applicant, but not sign it on their behalf. For community referrals where the applicant is in urgent need of accommodation and completion of this section will significantly delay the process, this section can be omitted, provided this has been agreed in advance with House of Heroes.

What kind of plans or ideas do you have for any changes you want to make to your lifestyle?

- | | |
|--|--------------------------|
| Finding a job | <input type="checkbox"/> |
| Further education / training | <input type="checkbox"/> |
| Addressing drug/alcohol problems | <input type="checkbox"/> |
| Making new friends/changing social circle | <input type="checkbox"/> |
| Learning to live independently | <input type="checkbox"/> |
| Learning to cope with health problems e.g. mental health | <input type="checkbox"/> |
| Other (please specify below) | <input type="checkbox"/> |

Details:

Anything else you think we should know?

Declaration

The information I have given is accurate to the best of my knowledge.
I understand that if I obtain accommodation by knowingly giving false information, I risk losing the accommodation provided to me.

I understand I will be responsible for paying for any accommodation found along with related services, and also that I will need to accept the rules that apply to occupying that accommodation.

Information Exchange

In order for House of Heroes to find out if we can meet your needs, and provide appropriate housing and or services, we need to know about your housing and offending histories and any risk of harm you may pose to either yourself or other people.

If you are not willing for your referring agency and others to share information about you we will not be able to process your referral.

I agree to allow any information contained within this document to be shared with House of Heroes and any other organisation that may be able to assist in providing me with suitable accommodation, including agencies and organisations that may offer support for any issues I may have.

I understand that each organisation will have their own confidentiality policy, and in normal circumstances will not disclose my information further. However, if there is a serious risk of harm to others, or myself, section 115 of the Crime and Disorder Act 1998 provides for my information to be discussed as is considered necessary.

I agree to personal details and monitoring information being stored by House of Heroes and other agencies contacted to assist me.

I agree to House of Heroes monitoring my progress in relation to accommodation and the avoidance of offending, for research purposes. I understand any published information will not identify any individuals.

**Applicant
Signature:**

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Print Name:

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Date:

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Section 10. Monitoring information

Where possible this should be completed by the applicant

The following information will enable Bethany to monitor who it is, or is not, assisting in order to ensure equality of access.

Mark X as appropriate

Ethnic Monitoring

- | | | |
|-----------|-------------------------------------|--------------------------|
| A1 | Asian or Asian British: Indian | <input type="checkbox"/> |
| A2 | Asian or Asian British: Pakistani | <input type="checkbox"/> |
| A3 | Asian or Asian British: Bangladeshi | <input type="checkbox"/> |
| A9 | Asian or Asian British: Other | <input type="checkbox"/> |
| B1 | Black or Black British: Caribbean | <input type="checkbox"/> |
| B2 | Black or Black British: African | <input type="checkbox"/> |
| B9 | Black or Black British: Other | <input type="checkbox"/> |
| M1 | Mixed: White & Black Caribbean | <input type="checkbox"/> |
| M2 | Mixed: White & Black African | <input type="checkbox"/> |
| M3 | Mixed: White & Asian | <input type="checkbox"/> |
| M9 | Mixed: Other | <input type="checkbox"/> |
| O1 | Chinese | <input type="checkbox"/> |
| O2 | Other Ethnic Group | <input type="checkbox"/> |
| W1 | White: British | <input type="checkbox"/> |
| W2 | White: Irish | <input type="checkbox"/> |
| W9 | White: Other | <input type="checkbox"/> |
| NS | Prefer not to say | <input type="checkbox"/> |

Sexuality e.g. Gay, Lesbian, Transgender or not stated

Does the Applicant consider she/he has a disability?

Y	<input type="checkbox"/>
N	<input type="checkbox"/>