

4.1 Basic Information/Risk assessment/Referral/Online Form

Referrer's Details (mandatory)	
Agency	Date:
Advisors Name	
Contact No's	

Referral Source (mandatory)			
<input type="checkbox"/> Keyhouse Advice - HQ	<input type="checkbox"/> Keyhouse Advice - Cavell	<input type="checkbox"/> Wesley Hostel	<input type="checkbox"/> Other Hostel
<input type="checkbox"/> Keyhouse Housing - HQ	<input type="checkbox"/> Keyhouse Housing - Cavell	<input type="checkbox"/> Wesley Resettlement	<input type="checkbox"/> Hospital
<input type="checkbox"/> BMDC Housing Team Kly	<input type="checkbox"/> BMDC Housing Team Bfd	<input type="checkbox"/> Other Voluntary Agency	<input type="checkbox"/> City Centre Project
<input type="checkbox"/> Social Services	<input type="checkbox"/> Social Service - Aftercare	<input type="checkbox"/> Youth Offending Team	<input type="checkbox"/> Probation/Prison
<input type="checkbox"/> Self Referral	Other please specify		

Keyhouse Staff (mandatory)			
Does the client know any Keyhouse Housing Team &/OR Keyhouse Advice Team		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Members Full Name	State Nature of Your Relationship	Past	Current
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>

Housing Support Worker Name	<small>Office use</small>
-----------------------------	---------------------------

Referrals Full Name <small>In Capitals</small>	
Any previous names	
Keyhouse Housing Tenancy Start Date <small>Office use</small>	Keyhouse Housing Tenancy End Date <small>Office use</small>
HMT Private LL Tenancy Start Date <small>Office use</small>	HMT Private LL Tenancy End Date <small>Office use</small>
Date of Birth	Age

Contact Address & Postcode			
Address where support is provided	<small>Office use</small>		
Telephone No			
Mobile No			
Gender	Male	Female	Transgender
National Insurance No. (mandatory) <small>(AB 1234 56 C)</small>			
Birth Certificate		Marital Status	

Details	Full Name	Date of Birth	Age
All Child/Children			
Address where Child /children living			

Disability		
Mobility <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other State below <input type="checkbox"/>	Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mental Health <input type="checkbox"/>	Progressive Disability/Chronic Illness <input type="checkbox"/> Autistic Spectrum Condition <input type="checkbox"/> Does not wish to disclose <input type="checkbox"/>
Other please specify:		Registered disabled Yes - No
Details of Disabilities / Specialist Worker		
Immigration Status – where appropriate		
Immigration Documents Held		
First Language (state if interpreter needed)		
You are invited to tell us your:		
Ethnicity		
Religion		
Sexuality		
Health		
Special needs (allergies, diet, health, medication, registered disabled etc)		
Key Contacts		
Contact in case of emergency		
Next of Kin Address		
Next of Kin Telephone		
Next of Kin Mobile		
GP		
Dentist		
Connexions Personal Advisor		
Social Worker (past & present)		
Probation Officer		
Youth Worker		
Psychiatrist / Health Specialist (past & present)		
Other		

College or Employment (optional for longer term services if recorded elsewhere in file)			
Course / job			
Employer / educator details			
Location			
Hours			
Grant / Income			
Date of unemployment (if relevant)			
Benefits			
Type	JSA	DLA	EMA
Amount	£	£	£
Type	IS	INCAP	
Amount	£	£	£
Office claim setup			
Legal issues (optional for longer term services if recorded elsewhere in file)			
Past (offences, outcomes, dates)			
Ongoing (outstanding orders / fines / bail / parole / warrants, etc)			
Pending			
Do you have a solicitor or need legal advice?			
Missing person details			
Height, build, hair and eye colour			
Distinguishing features			
Details of vulnerability and Important Information:			
It is important to give as much information as possible in this and the following sections as the Project can only accept referrals where there are support needs that can be met by the Project.			
If there is doubt please contact the Project directly:-			
Tel: 01274 514620		Fax: 01274 391985	Email: phil.rhodes@keyhouse.co.uk
Post: Keyhouse Housing, Cavell House, 1-2 Eldon Terrace, Eldon Place, Bradford BD1 3AY			
Completed forms can also be returned by any of the above methods. If there are no support needs that can be met by the Project then a referral cannot be accepted and another route into accommodation should be sought.			
We strongly recommend that all referrals make application through the Local Authority for a Homelessness Assessment.			
Referrals with very high support needs will not automatically be excluded but the Project will seek support from other agencies to better meet the needs of the client. If support needs cannot be met the Project may not be able to accept the referral but will try to offer alternative routes into support and accommodation.			
The Project will write to all people referred and/or the agency making the referral to explain the initial outcome of the referral where the person referred allows this. All decisions are subject to appeal and this process forms part of the referral process.			
Any person referred can request a face to face interview with a member of Keyhouse Housing staff and they can be accompanied at that interview. This can take place at any stage of the referral process.			
All referrals should be informed that there will be a pre-support interview where there will be a further assessment of support needs and risk. Where the support needs have lessened to the extent that support is not deemed to be required the Project will not be able to offer support or supported accommodation. This stage is also subject to appeal.			

Please ask the person being referred to contact the project should any of their circumstances/details change – especially contact details

Areas where accommodation is sought/not acceptable **Keyhouse Housing** will do its best to ensure that accommodation is sought close to existing support networks but this will not always be possible. The Project also understands that there may be some areas where the client will find unacceptable – these should also be noted here.

The wider the options available the more likely we will be able to access accommodation that fits these requests.

Please provide details below

Continue on separate sheet if required

Initial Referral – Basic Risk assessment Please provide as much information as possible. Page 5 of 6

Client's Name

Date

Service Names	Hostel	Salisbury Rd	Families 1	Refugees	Wesley Hostel
Office Use Only	Dispersed	Extra Support	Families 2	Single Person	Wesley Resettlement

Housing Support Worker Name
Office Use Only

1. Vulnerability (e.g. experience of abuse, victim of crime, Under 18, vulnerable adult)		
History Details of any previous incidents relating to the risk	Current situation What is the risk, who is at risk, what sets the risk off, what is the frequency of the risk and the impact on daily life	Action plan Actions for both the Client and staff to take to lessen the risk (Office use only)
2. Mental health (e.g. odd behaviour, stress, self harm, low mood, isolation, anxiety, paranoia and / or hopelessness)		
History	Current situation	Action plan (Office use only)
3. use (e.g. use of illegal substances, sharing of works, misuse of prescribed medication)		
History	Current situation	Action plan (Office use only)
4. Alcohol use (e.g. consuming increased amounts of alcohol, use impacts on daily life)		
History	Current situation	Action plan (Office use only)
5. Anger management (e.g. reaction that does not match the situation, people tell you that you get angry a lot, you experience physical changes in your body when you get angry e.g. tension)		
History	Current situation	Action plan (Office use only)
6. Physical Health (e.g. self neglect, notifiable disease, blood borne virus, any disabilities)		
History	Current situation	Action plan (Office use only)

Initial Referral – Basic Risk assessment

7. Other (any risk not covered by the above)

History	Current situation	Action plan (Office use only)

8. Risk to other people (include convictions and charges of assault, drug supplying, history of bullying and any other behaviour which makes the client a risk)

Client Risk to others Yes No Client Risk To Keyhouse Yes No

If the Client presents risk that is outside of the usual parameters of risk in the service or, if staff are concerned that they cannot adequately manage the risk then this **MUST** be discussed with the relevant line manager before a decision is reached.

Does the client need extra monitoring outside of the usual service delivery? If **Yes** specify: Yes No

Has the referral given permission for the referring agency to be contacted? Yes No

Housing Support Worker - Would you like this referral returning to you Yes No

Outcome of Referral

Signed (For Keyhouse) _____
Date **Accepted** **Refused**

Date Letter Sent to Agency _____
Date Letter Sent to Client