M & W HOUSING LTD

Referral Form

For applicants, referrers and anyone supporting a referral

Before you start

This form is available in large print, Braille and audio. It can also be provided in Arabic, Chinese, French, Gujarati, Kurdish, Polish, Punjabi, Somali and Vietnamese on request.

M & W Housing Ltd is committed to equal opportunities and does not apply blanket exclusions to any referral. We particularly welcome applicants from ethnic minority backgrounds who reflect our local community.

Who can apply

- Applicants must be a vulnerable adult.
- Applicants must be willing to show a need for support.
- Applicants must be eligible for state funding or able to fund their own place.
- Applicants will pay a contribution, depending on their level of state benefits.

> **An up-to-date CPA and risk assessment (or GP letter, where applicable) must be sent with this form. Without it the referral will be delayed and the applicant cannot be placed.**

Please return the completed form to mwhouseltd@hotmail.co.uk or post it to 1a Ilsley Road, Erdington, Birmingham B23 6EP.

Date of referral	

Personal details

Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other		
Surname		**Forename**	
Date of birth		**Marital status**	
Current address			
Postcode		**Telephone**	
National Insurance number		**Nationality or ethnicity**	
Religion			

Referrer details

Full name		**Job role**	
Organisation address			
Email		**Telephone**	

Income

Employment status	☐ Employed ☐ Unemployed
State benefits received	
Where are benefits paid? (for example bank or Post Office)	

Health

Why do you consider yourself a vulnerable adult?			
Mental health diagnosis (if any)			
Community mental health team (if applicable)			
GP name		**GP postcode**	
GP address			
Medication			

Communication and contact

Preferred language	
Do you need an interpreter?	☐ Yes ☐ No
Communication needs	☐ Large print ☐ Braille ☐ Minicom ☐ Signer ☐ Audio ☐ Translation ☐ Other If other, please give details:
Do you have any dependants?	☐ Yes ☐ No
If yes, their ages	
Preferred contact method	☐ Telephone ☐ Post ☐ Email ☐ Text ☐ Visit

For your assessment, would you prefer to be interviewed by

☐ A man ☐ A woman ☐ No preference

Housing

Current living arrangements

☐ With parents
☐ With family
☐ With friends
☐ Council accommodation
☐ Housing association
☐ Private rented
☐ Temporary accommodation
☐ Homeowner

☐ Currently in hospital
☐ Residential care
☐ Supported housing
☐ Sleeping rough
☐ No fixed abode
☐ In prison
☐ Recently left hospital, a treatment centre, prison or the armed forces
☐ Other

If other, please give details:

Support needs

Please tick all that apply	
☐ Setting up a home	☐ Benefits
☐ Safety and security	☐ Preventing eviction
☐ Using community facilities	☐ Budgeting
☐ Daily living skills	☐ Life skills
☐ Accessing other services	☐ Mental health
☐ Employment	☐ Physical health

How we prioritise

We treat every applicant equally and openly. When we are full, we keep a waiting list and prioritise it using the points below.

Support currently in place	Points
No other support involved	**3**
Limited support involved	**2**
Regular support involved	**1**
Current accommodation	**Points**
Bed blocking (ready to leave hospital)	**5**
Eviction imminent	**4**
Living in temporary accommodation	**3**
Living in unsuitable accommodation	**2**
Living in permanent accommodation	**1**

Risk assessment

> **Everything in this section must be confirmed by a professional CPA and risk assessment.**

Personal safety

Do you ever feel at risk from	☐ Self-harm ☐ Other people ☐ Self-neglect ☐ Being taken advantage of ☐ Other If other, please give details:
Details	
Do you feel threatened by others?	☐ Verbally ☐ Physically
Details	
Are you aggressive towards others?	☐ Verbally ☐ Physically
Details	

Is there evidence or reason to suspect the applicant has shown any of the following towards other adults?

☐ Thoughts, fantasies or urges of harming others	☐ Threats of violence
☐ Extreme verbal abuse	☐ Physical assaults on others

Details

Recent incidents

Please tick yes or no for each, and give dates where possible.

Deliberate	Yes	No	Non-deliberate	Yes	No
Suicidal thoughts or urges	☐	☐	Severe neglect of diet, physical health or self-care	☐	☐
Suicidal threats	☐	☐	Risk at home or neglect of personal safety	☐	☐
Suicide attempt	☐	☐	Hygiene is a risk	☐	☐
Thoughts of or attempts at self-harm	☐	☐	Exploitation or manipulation by others	☐	☐
Currently self-harming	☐	☐	Any other incidents	☐	☐

Dates and details of any incidents

Risk to a licence agreement

Please tick all that apply	
☐ Evicted or asked to leave settled accommodation	☐ Not paying bills or rent
☐ Harassment of neighbours	☐ Arson
☐ Left a property without warning	☐ Severe damage to property

Details of any arson or property damage

Other risk factors

Please tick all that apply	
☐ Not following treatment ☐ Not taking medication ☐ Not engaging with therapy	☐ Unplanned disengagement from services ☐ Alcohol dependency ☐ Substance dependency or misuse
If any apply, details of services involved	

In-patient and forensic history

Please tick all that apply	
☐ Psychiatric hospital ☐ Compulsory admission ☐ Informal admission	☐ Secure unit ☐ Forensic contact

Police and courts

Please tick all that apply	
☐ Arrest for violence ☐ Sexual offence	☐ Arrest or conviction for any other offence ☐ Imprisonment
Summary of warning signs and risk history. Please describe any incidents and warning signs as fully as possible, and say where the information came from.	

Equalities monitoring

We want to treat everyone equally and fairly. This section helps us check that we do. It is confidential and will not affect the application.

Age	

Ethnicity

White	☐ British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Albanian ☐ Other
Mixed	☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Black and Asian ☐ Other
Asian or Asian British	☐ Indian ☐ Pakistani ☐ Kashmiri ☐ Bangladeshi ☐ Other
Black or Black British	☐ Caribbean ☐ African ☐ Other
Other ethnic group	☐ Chinese ☐ Vietnamese ☐ Kurdish ☐ Arab ☐ Other

About you

Gender	☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say
Sexual orientation	☐ Heterosexual ☐ Lesbian or gay ☐ Bisexual ☐ Other ☐ Prefer not to say
Marital status	☐ Single ☐ Married ☐ Civil partnership ☐ Cohabiting ☐ Separated ☐ Divorced ☐ Widowed
Religion or belief	☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Atheist ☐ Other ☐ Prefer not to say

Disability

Under the Equality Act 2010, you are disabled if you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to carry out normal daily activities.

Do you have a disability as defined above?	
☐ Yes ☐ No	
If not, but you consider yourself to have a disability, tick here	
☐ Yes	
Type of disability	☐ Learning disability ☐ Long-standing illness ☐ Mental health condition ☐ Physical impairment ☐ Sensory impairment ☐ Other ☐ Prefer not to say
Further information about your disability	
Can you understand and communicate in spoken English?	
☐ Yes ☐ No	
If not, your main way of communicating or preferred language	

Declaration

- The information in this form is correct to the best of my knowledge.
- I understand that the right staff will share this information to process my application.

Signature		**Date**	
Print name			

We handle all information in line with your legal rights. If you are placed with us, it is kept securely for three years. If the application is unsuccessful, it is destroyed.

Office use only

Applicant name			
Does the applicant meet the criteria?	☐ Yes ☐ No		
CPA, risk assessment or GP letter received?			
☐ Yes ☐ No			
Needs assessment completed?	☐ Yes ☐ No		
Is the applicant on the waiting list?	☐ Yes ☐ No		
Points scored			
Date of referral		**Time of referral**	
Referral accepted by			
Needs assessment response time	☐ Urgent (within 48 hours) ☐ Non-urgent (within 5 days)		