


Referral Risk Assessment for Supported Accommodation

Name of person being referred:	
Referral agency:	
Date of referral:	



Homeless Stars Housing CIC offer supported accommodation. By developing the self-worth, self-confidence, and life skills of the most vulnerable, we want to assist them in making positive changes and realizing their full potential. Once they leave our supported accommodation, we expect that each person who is a star will be able to hold and keep their own stable housing. Once an individual finds their own housing, whether it be via the local government or the private sector, we would provide some ongoing help. We work with each person via an established personalized support plan in order to help them achieve their goals. Our procedures are person-centered and comprehensive.

All sections of this form must be completed. Failure to do so may cause delays. If for any reason a section cannot be filled out, please state why. Blank sections will not be accepted.

Date of Assessment:	
Name of person undertaking Assessment:	
Section 1 – Applicant details	
Preferred title:	
First Name:	
Surname:	
Contact number:	
Date of Birth:	
National Insurance No:	
Gender:	
Marital status:	
Ethnic Origin as defined by client:	
Next of kin and relationship to applicant:	
Next of kin address:	
Next of kin contact number:	

Section 1.1 – Reason for referral

Is the client currently homeless? Y/N (Please include reasons for leaving current address and any relevant information such as evictions, antisocial behaviour, why person needs supported temporary accommodation)

Section 2 - Previous 2 Year Address History (Including supported accommodation)

Address	Dates/Duration	Tenure	Landlord Details	Reason for leaving, i.e. Arrears, ASB, etc

Section 2.1 – Offending History

**ARE THERE ANY OUTSTANDING OFFENCES OR COURT CASE PENDING?
IF YES, PLEASE GIVE DETAILS BELOW**

Type of Offense:	How long was the sentence for?	Date of sentence:

Section 2.2 – Financial information

<p>Employed/unemployed:</p> <p>Please give details if employed (hours worked & wages)</p>	
<p>Type of benefits:</p> <p>Amount and payment day (fortnightly/monthly)?</p>	

Section 3 – Applicant Medical Background/History

<p>Social Worker/CPN/ Probation Officer or Other Relevant Professional(s)</p>	
<p>GP Name and address (if applicable)</p>	
<p>Has you ever been detained/sectioned under the mental health act or community treatment order (If yes, please provide details)</p>	
<p>Do you suffer from any mental health conditions?</p>	
<p>Do you suffer from any physical health conditions?</p>	

<p>Present medication or treatment:</p>	
<p>Do you have any communication needs? ie: hearing impairment, etc.</p>	
<p>Have you ever self-harmed, or had any ongoing suicidal thoughts?</p>	
<p>Details of any substance misuse: (drugs or alcohol). Include past and present usage, details of any rehab or detox attended, and any ongoing support being received.</p>	

DECLARATIONS

I agree that the information contained in this referral/initial assessment form is true and accurate and I consent to it being used as part of the assessment and risk process. By signing below, I agree that all the information provided is true and I will inform the provider of any changes. I also understand that Homeless Stars Housing have the right to refuse support if I have provided any information that is incorrect/false.

INFORMATION SHARING

I understand that Homeless Stars Housing will carry out checks on the information I have provided through contact with other agencies', e.g. Medical Professionals, probation services, social services etc. I am signing to say I give permission to share information about me with other agencies. I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes

Client signature

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