

## APPENDIX 1 Referral Form

### REFERRAL FORM FOR THE PARENT+ SERVICE

#### Eligibility Criteria

Each service user must:

- Be aged 18 plus
- Have a vulnerability which renders them in need of housing related support services.
- Must have support needs rather than care needs.
- Must be able and willing engage with the service and with the support offered.
- Must be willing to work towards tenancy ready framework
- Must be eligible to claim personal and Housing Benefits:
- **Lone Parents in need of housing related support. This includes floating support in the community in order to prevent homelessness and also accommodation based support.**

Date Of Referral:	Name of Applicant:	Contact Number:
Address of applicant:	National Insurance Number :	Ethnicity:
		Marital Status:
Gender:	DOB:	Sexual Orientation:

#### Referrer Details:

Name:	Job Title:	Agency:
Telephone No :	Email:	Address:
Nature Of Involvement:		

<b>Are You Currently Pregnant?</b>	<b>Yes / No</b>
<b>If Yes – Due date?</b>	

**Children/s Details:**

Name	DOB	Age	Are they living with the applicant? If not, who?

**Income:**

<b>Source Of Income:</b>	<b>If Benefits, type of benefit claimed:</b>
<b>Last pay date:</b>	<b>Next Pay date:</b>

**Current Situation:**

(Housing /Homelessness, Family Dynamics, At risk of losing current home?)

**Offending History**

**Offence/s : Nature of offence/s and Date of Offences**

– include Arson, Violence, Weapons, Sexual Offences

<b>Does the applicant have any Outstanding Court Appearances?</b> <b>If Yes please provide details.</b>	<b>Yes / No</b>

<b>Is there any Social services Involvement</b> Details:	<b>Yes / No</b>
<b>Substance / Alcohol Misuse?</b> Details:	<b>Yes/No</b>
<b>Mental Health Issues?</b> Details:	<b>Yes / No</b>
<b>Suicide / Self Harm Issues?</b> Details:	<b>Yes / No</b>
<b>Physical Health Issues?</b> Details:	<b>Yes / No</b>
<b>Language / Communication Issues?</b> Details:	<b>Yes / No</b>

**Any other Agencies Involved?**

<b>Name:</b>	<b>Job Title:</b>	<b>Agency / Contact Details:</b>

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**Any Other Info**

Signed (Applicant) ..... Date .....

Signed (Referrer) ..... Date .....

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Official Use Only:

To be completed by officers processing application:

Details of assessment outcome:

Place offered/Refused

Has the client been offered our appeals policy and procedure Y/N

Signatures of 2 members for staff: \_\_\_\_\_(1) \_\_\_\_\_(2) \_\_\_\_\_ (date)

Referrer advised of decision by: Phone/email/letter \_\_\_\_\_