

HOUSING RELATED SUPPORT SERVICES COMPLEX NEEDS

REFERRAL FORM

**Humbercare Limited
81 Beverley Road
Hull
HU3 1XR**

**Tel: 01482 586633 Fax: 01482 586825
referrals@humbercare.org.uk**

STATEMENT OF PURPOSE

Humbercare – an enabling organisation dedicated to providing quality and innovative services to adults and young people in need

PROJECT BRIEF

We provide support to clients living in Hull and assessed as having complex needs. In particular, this would mean individuals who are deemed high risk or highly vulnerable and who would require and agree to receive a substantial package of support. This support is provided in the clients own home and is designed to facilitate the development of the personal life skills needed to not only maintain a tenancy, but to also allow clients to live independent, positively fulfilling lives.

- We accept referrals directly from clients, their family, friends or carers, statutory agencies, housing and the community sectors.
- We aim to provide a person-centred service, which adopts a rights-based, enabling approach in order to promote future independence.
- We support clients to access, maintain and sustain independent living in their own home.
- We also provide an out of hours, on call service.

Support can include tenancy or resettlement advice, support with general budgeting, debt management, benefit issues and support in liaising with other professionals. Clients are also supported in accessing training and education in order to increase skills and maximise employment opportunities.

Please complete all the sections of the form fully. Failure to do so will delay the assessment process. If you require assistance in completing this form, contact the duty officer on:
01482 586633

THIS INFORMATION IS REQUIRED IN ORDER TO ENABLE HUMBERCARE TO MAKE A RISK ASSESSMENT ON THE APPROPRIATENESS OF THE PLACEMENT WITHIN THE PROJECT

SURNAME		FORENAME(S)	
D.O.B:		GENDER:	
N.I. NUMBER:		ETHNIC ORIGIN:	
ADDRESS		TEL: MOBILE:	
OWN ACCOMMODATION <input type="checkbox"/>	LODGING WITH FRIEND/FAMILY <input type="checkbox"/>	HOSTEL <input type="checkbox"/>	If hostel – has the move on protocol been implemented YES/NO
REFERRED BY		FULL POSTAL ADDRESS	
		POST CODE	
TEL:	FAX:	EMAIL ADDRESS:	
WOULD YOU BE HAPPY FOR CORRESPONDENCE TO BE SENT VIA EMAIL?			YES/NO
WOULD YOU BE WILLING TO ATTEND A JOINT ASSESSMENT			YES/NO
HAS SUPPORT BEEN RECEIVED FROM HUMBERCARE BEFORE			YES/NO
DATE REFERRED:			
Are there any cultural or faith requirements? Does the application need to be processed in a different language/assistance from an interpreter?			
Are there any hearing or visual requirements? e.g. hearing loop or large print text required?			
<u>MEDICATION</u>			
Details		How often taken	
<u>INCOME</u>			
TYPE OF BENEFIT	AMOUNT	DEDUCTION	HOW OFTEN

RELEVANT ISSUES				
OFFENDING - CURRENT		SUBSTANCE MISUSE (please specify below)		SELF HARM
OFFENDING - PREVIOUS		METHADONE PROGRAMME		OTHER MEDICAL PROBLEMS
VIOLENCE/ AGGRESSION		ALCOHOL		EVICTION IMMINENT
ARSON OFFENCE		FORTHCOMING REHAB PLACEMENT (please provide date below)		GAMBLING
SEX OFFENDER		DISABLED		BUDGETING ISSUES
RACIALLY MOTIVATED OFFENCE		LEARNING DISABILITY		FINANCE/DEBTS
MENTAL HEALTH		PHYSICAL DISABILITY		INTERPERSONAL SKILLS
SUICIDAL TENDENCIES		BEEN IN CARE		DAILY LIVING SKILLS
HARM FROM OTHERS		ABUSED		OTHER (please specify below)

Please explain what the client will require support with:

Current/most recent offences

RISK TO SELF (explain below) **LOW** **MEDIUM** **HIGH**

RISK TO STAFF (explain below) **LOW** **MEDIUM** **HIGH**

IF RELEVANT DOES THE CLIENT SPECIFICALLY REQUIRE:

FEMALE WORKER ONLY MALE WORKER ONLY JOINT WORKING ONLY
(Please give details below to support this request)

Past convictions for Arson, Sex Offences or Offences against Children YES/NO
(If yes, provide further information below)

IF YES TO ABOVE, PLEASE SEND RELEVANT PARTS OF OASYS (NPS REFERRALS ONLY)

Please provide all relevant information regarding relevant risk, previous convictions, mental health issues, including any high risk situations or triggers that will assist us to make a risk assessment.

SELF REFERRALS

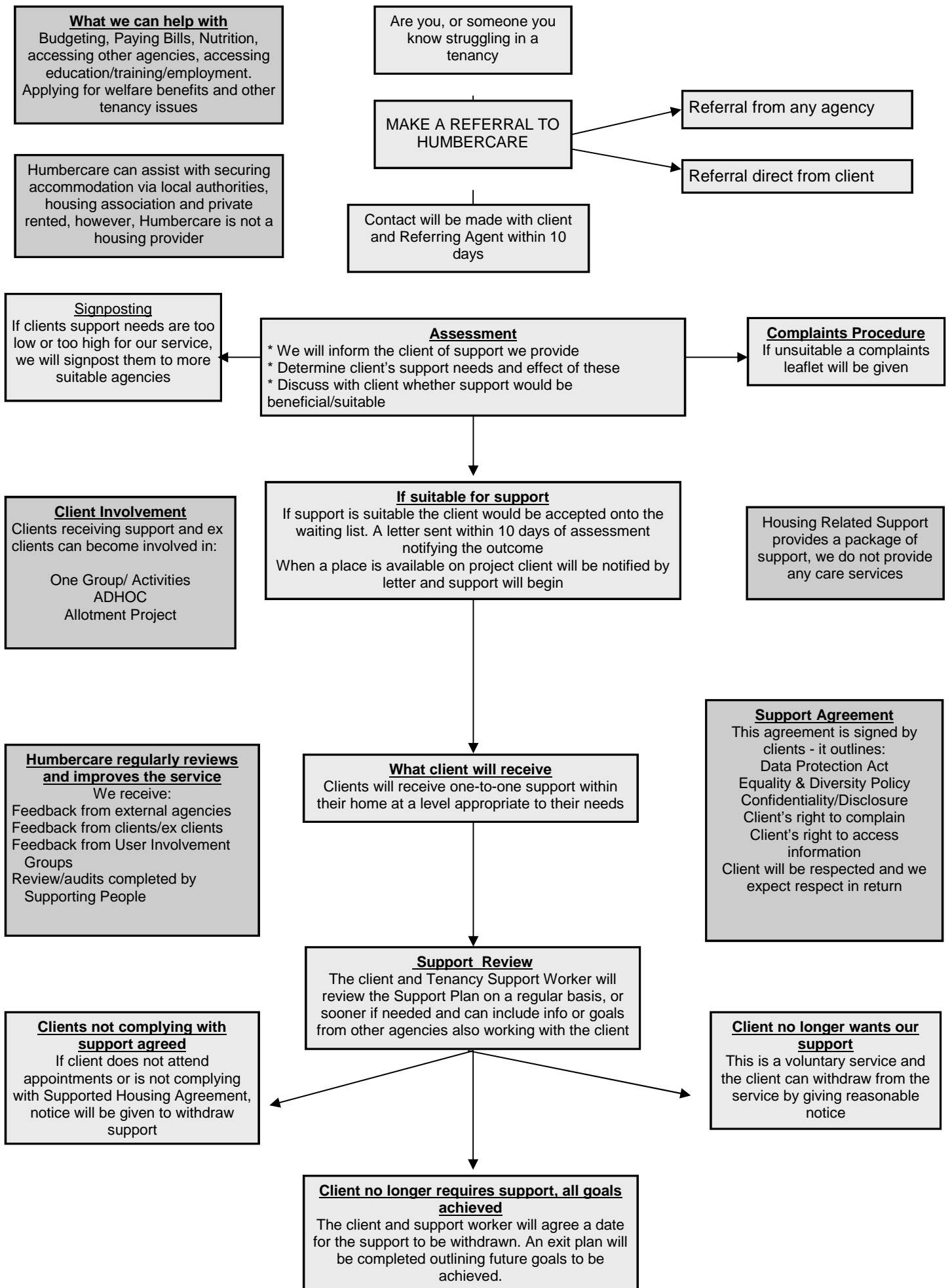
Please be honest about any past convictions, in order for us to make a true assessment of your needs.

OTHER AGENCIES INVOLVED

NAME	AGENCY	CONTACT NO.

ANY OTHER INFORMATION

HOUSING RELATED SUPPORT REFERRAL PATHWAY



PLEASE FAX/POST REFERRAL TO ADDRESS AT FRONT OF REFERRAL

CONSENT TO DISCLOSE INFORMATION

Under the Data Protection Act 1998, you are required to give your consent for this information to be passed to Humbercare. Personal information will not be disclosed without your consent except to perform statutory duties. By signing this form you are giving permission for Humbercare to share and receive information with agencies that you have made reference to within this form, this will enable us to gain additional information required to further assess your support needs.

I have read the above form and I am happy that the information given is shared with others in order to assist me with my support needs.

CLIENT SIGNATURE:

CLIENT NAME:

DATE:

**WITHOUT SIGNED CONSENT, WE ARE UNABLE
TO PROCEED WITH YOUR REFERRAL**

CRN:

Office: **Hull/Gby/Sc**
(delete as appropriate)

HOUSING RELATED SUPPORT SERVICES

CLIENT EQUALITY MONITORING FORM

Humbercare recognises that we work with hard to reach groups. Part of the process involves recording details that remain confidential to the organisation. There may be times when anonymous details will be shared with the local Supporting People Teams, this occurs for the purposes of strategic development and improvements to Humbercare service delivery. It enables Humbercare to ensure that the services we provide demonstrate fair access to clients.

Please complete the following questionnaire, you do not have to sign or record your name.

Date Assessed:								
ETHNIC ORIGIN: I WOULD DESCRIBE MYSELF AS:								
White								
<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other White background			
Mixed								
<input type="checkbox"/>	White & Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian			
<input type="checkbox"/>	Any other Asian background							
Asian, or Asian British								
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	Any other Asian or Asian background		<input type="checkbox"/>
Black, or Black British								
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black or Black British background		<input type="checkbox"/>	
Chinese or other ethnic group								
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Ethnic background					
<input type="checkbox"/>	Would prefer not to say							
Gypsy, Romany, Irish Traveller				<input type="checkbox"/>				
Refused				<input type="checkbox"/>				
Unknown Ethnicity				<input type="checkbox"/>				

Age	18-21	<input type="checkbox"/>	22-25	<input type="checkbox"/>	26-30	<input type="checkbox"/>	31-35	<input type="checkbox"/>
	36-40	<input type="checkbox"/>	41-45	<input type="checkbox"/>	46-50	<input type="checkbox"/>	51-55	<input type="checkbox"/>
	56-60	<input type="checkbox"/>	61-65	<input type="checkbox"/>	66+	<input type="checkbox"/>		
Gender	Male			<input type="checkbox"/>	Female			<input type="checkbox"/>

Unknown Age	<input type="checkbox"/>
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SEXUAL ORIENTATION & GENDER IDENTITY: Please tick one of the following:

Bisexual	<input type="checkbox"/>	Gay Man (Homosexual)	<input type="checkbox"/>
Gay Woman (Lesbian)	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Gender Identity: (Optional)	If you identify as transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, which group do you identify with?		
	Transsexual	<input type="checkbox"/>	Transgender
		<input type="checkbox"/>	Intersex
		<input type="checkbox"/>	<input type="checkbox"/>
Unknown Sexual Orientation	<input type="checkbox"/>		

RELIGION OR BELIEF: Please tick against one of the following:

No Religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Bahia	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian (all denominations)	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Unknown Religion or belief	<input type="checkbox"/>

Thank you for your assistance with enabling Humbercare to reach a wide range of client groups.