



Home Matters Supporting People Limited
Assessment/Referral Form (Wyre Forest Service)

WHAT IS HOUSING RELATED SUPPORT?

This is support that is provided to people to prevent them from becoming homeless or having to be admitted into hospital or residential care when it can possibly be avoided. A support worker works with the person to develop a range of skills that will give them the confidence and independence to live successfully in the community. The support can include help to learn how to maximise their income, budget for bills, cook healthy meals and access other services such as doctors, dentists and social activities. The support offered to each person is unique to them and their particular needs. The support encourages people to learn skills to help themselves and give them greater independence. The support does not cover areas such as personal care (washing, bathing) but it is possible, in some cases, for individuals to receive both housing related support and statutory funded care/support.

Please tick

I AM APPLYING FOR FLOATING SUPPORT **PLEASE COMPLETE SECTIONS 1 – 4**

I AM APPLYING FOR ACCOMMODATION AND FLOATING SUPPORT **PLEASE COMPLETE SECTIONS 1 – 5**

SECTION 1: GENERAL

REFERRER /AGENT

NAME **ROLE**

ADDRESS

CONTACT NUMBER **EMAIL**

SERVICE USER

FORENAME/S **SURNAME** **DATE OF BIRTH**

GENDER MALE FEMALE **CONTACT NUMBER** **NATIONAL INSURANCE NUMBER**

WHAT IS THE PRIMARY CLIENT GROUP OF THE SERVICE USER?

DOES THE PERSON HAVE ANY PETS? **HOUSING STATUS**

ADDRESS **HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS?**

LANDLORD DETAILS (if applicable) **LANDLORD CONTACT NO.**
REASON FOR LEAVING

If at this address less than 3 years, please add previous address or addresses below (to cover a three year period).

ADDRESS 2 **HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS?**

LANDLORD DETAILS (if Applicable) **LANDLORD CONTACT NO.**
REASON FOR LEAVING

ADDRESS 3 <input style="width: 90%;" type="text"/>	HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS? <input style="width: 80%;" type="text"/>																				
LANDLORD DETAILS (if Applicable) <input style="width: 95%; height: 60px;" type="text"/>	LANDLORD CONTACT NO. <input style="width: 90%;" type="text"/>																				
	REASON FOR LEAVING <input style="width: 90%;" type="text"/>																				
CLIENT CONTACTS																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CONTACT TYPE</th> <th style="width: 25%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 10%;">CONTACT NUMBER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		CONTACT TYPE	NAME	ADDRESS	CONTACT NUMBER																
CONTACT TYPE	NAME	ADDRESS	CONTACT NUMBER																		
HAS THERE BEEN ANY PREVIOUS INVOLVEMENT WITH SOCIAL SERVICES OR ANY OTHER PROFESSIONAL BODIES? <input type="radio"/> YES <input type="radio"/> NO																					
IF YES PLEASE GIVE DETAILS	<input style="width: 95%; height: 40px;" type="text"/>																				
ARE THERE ANY OTHER PROFESSIONAL AGENTS CURRENTLY PROVIDING SUPPORT? <input type="radio"/> YES <input type="radio"/> NO																					
IF YES PLEASE GIVE DETAILS	<input style="width: 95%; height: 40px;" type="text"/>																				
FOR PEOPLE LEAVING CARE, IS THE PERSON ON A FULL CARE ORDER <input type="radio"/> YES <input type="radio"/> NO																					
IF YES, PLEASE SUPPLY NAME & CONTACT DETAILS OF SOCIAL WORKER	<input style="width: 95%; height: 40px;" type="text"/>																				
PLEASE GIVE A BRIEF DESCRIPTION OF CURRENT NEEDS, ASSESSMENT & BACKGROUND INFORMATION																					
DETAILS	<input style="width: 95%; height: 120px;" type="text"/>																				
DOES THE PERSON HAVE ANY TREATMENT ORDERS? <input type="radio"/> YES <input type="radio"/> NO																					
IF YES, PLEASE GIVE DETAILS	<input style="width: 95%; height: 40px;" type="text"/>																				
DOES THE PERSON HAVE ANY PHYSICAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO																					
IF YES, PLEASE GIVE DETAILS	<input style="width: 95%; height: 40px;" type="text"/>																				
IS THE PERSON REGISTERED DISABLED? <input type="radio"/> YES <input type="radio"/> NO																					

WHEN COMPLETING THE FOLLOWING SECTION

PLEASE ONLY HIGHLIGHT **CURRENT** NEEDS
PLEASE ONLY INDICATE NEEDS THAT YOU WISH US TO ADDRESS
(OTHER SUPPORT PROVIDED MAY BE INCLUDED IN THE BACKGROUND INFORMATION ABOVE)

SECTION 3: SUPPORT NEEDS

ECONOMIC SUCCESS

DOES THE SERVICE USER NEED SUPPORT WITH ANY OF THE FOLLOWING AREAS ? YES NO

IF YES, PLEASE SELECT THE AREAS WHERE SUPPORT IS REQUIRED	Support to maintain income, including accessing correct benefits	<input type="checkbox"/>
	Support to budget/reduce debt and achieve appropriate expenditure including; managing bill payments, direct debits, etc.	<input type="checkbox"/>
	Support to obtain furniture and household appliances for the property	<input type="checkbox"/>

HEALTH AND WELLBEING

DOES THE SERVICE USER NEED SUPPORT TO ACCESS STATUTORY SERVICES? YES NO

IF YES, PLEASE SELECT WHICH STATUTORY SERVICES SUPPORT IS REQUIRED TO ACCESS	Childrens services	<input type="checkbox"/>
	Learning disability services	<input type="checkbox"/>
	Mental health services	<input type="checkbox"/>
	Physical disability services	<input type="checkbox"/>
	Safeguarding services	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO UNDERSTAND/ADDRESS HEALTH AND HYGIENE WITHIN THEIR HOME? YES NO

IF YES, PLEASE SELECT THE AREAS OF SUPPORT REQUIRED	Personal health and hygiene	<input type="checkbox"/>
	Repair and maintenance services for their property	<input type="checkbox"/>
	Access to non statutory care services	<input type="checkbox"/>
	Telecare and Telehealth services	<input type="checkbox"/>
	Aids and adaptation services (Home Improvement Agency etc.)	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO DEVELOP AND MAINTAIN THEIR PHYSICAL HEALTH? YES NO

IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Accessing a GP	<input type="checkbox"/>
	Accessing a Dentist	<input type="checkbox"/>
	Developing a better understanding of sexual health issues	<input type="checkbox"/>
	Support to stop smoking	<input type="checkbox"/>
	Access a health visitor	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO ACCESS PREVENTATIVE MENTAL HEALTH SERVICES? YES NO

DOES THE SERVICE USER NEED SUPPORT AROUND BEREAVEMENT ISSUES? YES NO

DOES THE SERVICE USER NEED SUPPORT TO ACCESS DRUG & ALCOHOL SERVICES (for some services more specifically continue to be engaged)? YES NO

IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Access alcohol services	<input type="checkbox"/>
	Access drug services	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO ACCESS APPROPRIATE ACCOMMODATION?		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Register with choice based lettings		<input type="checkbox"/>
	Supported accommodation		<input type="checkbox"/>
	Rent deposit schemes		<input type="checkbox"/>
	Private rented accommodation		<input type="checkbox"/>
	Access part or full ownership		<input type="checkbox"/>
COMMUNITY SAFETY			
DOES THE SERVICE USER NEED SUPPORT TO MAINTAIN AND UNDERSTAND A TENANCY, LICENCE OR OCCUPANCY AGREEMENT?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO IDENTIFY AND MANAGE RISK?		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Personal risks		<input type="checkbox"/>
	Environmental risk (within the wider community)		<input type="checkbox"/>
	Risks within the home		<input type="checkbox"/>
	Fall and trip hazards within the property		<input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO ADDRESS ANTI SOCIAL BEHAVIOUR?		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Support to perpetrators of anti-social behaviour		<input type="checkbox"/>
	Support to victims of abuse		<input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO ADDRESS AND UNDERSTAND THE DANGERS OF SELF HARM?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT THROUGH THE CRIMINAL JUSTICE SYSTEM?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ACCESS SPECIALIST SERVICES IN RELATION TO BEING A VICTIM OF CRIME?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO COMPLY WITH STATUTORY ORDERS?		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT THE SUPPORT REQUIRED	ASBO or ASB injunction		<input type="checkbox"/>
	Probation order		<input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO MANAGE STRESS AND/OR COPE WITH A HISTORY OF ABUSE?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ATTEND A DOMESTIC RECOVERY PROGRAMME?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ACCESS ADVOCACY SERVICES?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ACCESS LEGAL SERVICES?		<input type="radio"/> YES	<input type="radio"/> NO
SKILLS AND COMMUNITIES			
DOES THE SERVICE USER NEED SUPPORT TO ACCESS EMPLOYMENT?		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT ONE OF THESE STATEMENTS	Service user has a learning disability and wants to access employment?		<input type="checkbox"/>
	Service user has a mental health issue and wants to access employment?		<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO ACCESS TRAINING?		<input type="radio"/> YES	<input type="radio"/> NO
PLEASE TICK IF APPLICABLE	Service user is aged between 16 – 18 years and wants to access employment	<input type="checkbox"/>	
DOES THE SERVICE USER NEED SUPPORT TO DEVELOP BASIC NUMERACY AND LITERACY SKILLS?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ACCESS SOCIAL, CULTURAL, LEISURE ACTIVITIES?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ACCESS VOLUNTEERING OPPORTUNITIES?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO DEVELOP AND/OR MAINTAIN RELATIONSHIPS WITH NEIGHBOURS?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO ESTABLISH OR MAINTAIN APPROPRIATE NETWORKS (in its widest sense this may include access to children, pets, or peer Support groups)		<input type="radio"/> YES	<input type="radio"/> NO
IF YES, PLEASE SELECT THE SUPPORT REQUIRED	Family networks	<input type="checkbox"/>	
	Social networks	<input type="checkbox"/>	
	Carer relationships	<input type="checkbox"/>	
	Community networks	<input type="checkbox"/>	
DOES THE SERVICE USER NEED SUPPORT TO ACCESS TRANSPORT SERVICES		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO BECOME INVOLVED WITH LOCAL DECISION MAKING?		<input type="radio"/> YES	<input type="radio"/> NO
DOES THE SERVICE USER NEED SUPPORT TO UNDERSTAND/ADDRESS EQUALITY AND DIVERSITY ISSUES?		<input type="radio"/> YES	<input type="radio"/> NO
THE ENVIRONMENT			
DOES THE SERVICE USER NEED SUPPORT TO RECYCLE OR COMPOST WITHIN THEIR HOUSEHOLD?		<input type="radio"/> YES	<input type="radio"/> NO
CHILDREN AND FAMILIES			
DOES THE SERVICE USER NEED SUPPORT TO ACCESS GROUPS SPECIFICALLY FOR DEPENDENT CHILDREN?		<input type="radio"/> YES	<input type="radio"/> NO

SECTION 4: OTHER NEEDS

PLEASE TICK IF REQUIRED.....

PERSONAL CARE	<input type="checkbox"/>	REGULAR MAINTENANCE SERVICES	<input type="checkbox"/>
DOMICILLIARY & HOME CARE	<input type="checkbox"/>	TRAINING COURSES	<input type="checkbox"/>
HEALTH CARE	<input type="checkbox"/>	CRECHE FACILITIES	<input type="checkbox"/>
THERAPEUTIC/INTENSIVE BEHAVIOUR MANAGEMENT	<input type="checkbox"/>	ROUGH SLEEPERS SERVICES	<input type="checkbox"/>
REHABILITATION AFTER ILLNESS/ACQUIRED DISABILITY	<input type="checkbox"/>	ACTUAL HANDYMAN SERVICES	<input type="checkbox"/>
REHABILITATION & SPECIALIST COUNSELLING	<input type="checkbox"/>	DECORATING SERVICES	<input type="checkbox"/>
HELP WITH TRANSPORT/MOBILITY	<input type="checkbox"/>	GARDENING SCHEMES	<input type="checkbox"/>
HOME ADAPTATIONS TO IMPROVE ACCESSIBILITY	<input type="checkbox"/>	SPECIALIST TREATMENT OR COUNSELLING	<input type="checkbox"/>

SECTION 5: PLEASE ONLY COMPLETE IF APPLYING FOR AN ACCOMMODATION PLACEMENT WITHIN HOME MATTERS GROUP HOMES

IS THE SERVICE USER FLEXIBLE IN WHERE THEY LIVE? YES NO

IF NO, PLEASE SELECT WHICH GROUP HOME THE SERVICE USER IS INTERESTED IN	Offmore Road (Kidderminster) (1 x 4 Bed group home)	<input type="checkbox"/>
	Wood Street (Kidderminster) (1 x 4 Bed group home)	<input type="checkbox"/>

Does the service user have the ability to share with others? YES NO

FUNDING AN ACCOMMODATION PLACEMENT

Is the service user currently claiming and in receipt of housing benefit? YES NO

If yes, is the service user in receipt of the **Middle** or **High Rate** of Disability Living Allowance **Care** Component?* YES NO

*Due to the way Home Matters is currently funded the amount of HB paid is affected by the level of DLA entitlement.

If no can the service user self fund a placement; either through private funds/benefits/direct payment/personal budget? YES NO

If yes please state how the placement will be funded

Is the service user subject to Section 117 Aftercare? YES NO

If so would the placement be funded under Section 117 Aftercare funding? YES NO

PLEASE ADD FINAL COMMENT / INFORMATION/ SUMMARY

Data Protection & Confidentiality

Home Matters will treat any personal information received with the utmost respect and, where appropriate, in accordance with data protection legislation, including the Data Protection Act 1998. The information provided will only be used for the purpose of the provision of providing support and accommodation services. We may share this information with any related professionals, if we believe it is in the interests of the service user. Information will not be shared with others, unless the service user agrees.

Under the Data Protection Act 1998, the service user is entitled to a copy of personal data held by us, upon written request. Home Matters are registered with the Information Commissioner as a Data Controller.

Equality Monitoring

To help us monitor the accessibility of our services, we ask you to complete the attached Equalities Monitoring Form

I HAVE READ AND AGREE TO THE PROCEEDING STATEMENTS

I declare that, to the best of my knowledge, the information given in this form is correct and complete. I have received consent from the data subject to share and process the data given on this form.

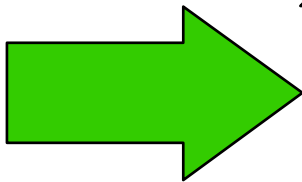
Signed..... (Referring Agent)

Print.....

Status..... Date of assessment/referral.....

Checklist	(Please Tick)	Yes	No	n/a
I have enclosed a copy of the service users latest CPA				
I have enclosed a copy of the service users latest risk assessment				
I have enclosed Home Matters completed Equality Monitoring Form				
Please list any other supporting documentation enclosed				

**PLEASE
RETURN
COMPLETED
ASSESSMENT/REFERRAL
FORM AND ANY OTHER
DOCUMENTS
REQUESTED TO.....**



**HOME MATTERS
SUPPORTING PEOPLE LTD
THE BARN
82A PARK ROAD
QUARRY BANK
BRIERLEY HILL
DY5 2HP**

Email: gregg@hmsp-ltd.co.uk

Tel: 01384 340441
Fax: 01384 340630

EQUALITY AND DIVERSITY MONITORING FORM

We collect this information to build up an accurate understanding of the communities that we serve so that services and policies can be delivered to meet the needs of everybody. The information that you enter on this Equality and Diversity form will be used for monitoring purposes only and will not be used in assessing and or scoring your application for recruitment or services. Please feel free to leave questions which you do not wish to answer. This information is kept confidential and accessibility is strictly limited to individuals on a 'need to know' basis.

Please tick the appropriate boxes

JOB APPLICANT TRAINING APPLICANT SUPPORTED HOUSING APPLICANT
FLOATING SUPPORT APPLICANT VOLUNTEER

Date of Birth (DD/MM/YYYY) Prefer not to say

Please describe your gender identity?

Male Female Prefer not to say

Do you live and work in a gender other than that assigned at birth?

Yes No Prefer not to say

Equality Act 2010

I would describe my ethnic origin as; *(please tick)*

Asian or Asian British

Indian

Bangladeshi

Pakistani

Chinese

Other Asian Background

Black or Black British

African

Caribbean

Other Black Background

White

English

Welsh

Scottish

Irish

Northern Irish

Gypsy or Traveller

Other White Background

Continued overleaf.....

Mixed / Multiple Ethnic Background

- White & Caribbean
- White & Black African
- White & Asian
- Other Mixed Multiple background

Other ethnic group (please state)

Undisclosed

I do not wish to disclose my ethnic origin

What is your religion or belief?

- | | | |
|---------------------------------------|----------------------------------|---|
| Atheism <input type="checkbox"/> | Islam <input type="checkbox"/> | Other (please state) <input type="text"/> |
| Buddhism <input type="checkbox"/> | Jainism <input type="checkbox"/> | I do not wish to disclose my Religion/belief <input type="checkbox"/> |
| Christianity <input type="checkbox"/> | Judaism <input type="checkbox"/> | |
| Hinduism <input type="checkbox"/> | Sikhism <input type="checkbox"/> | |

Please select the option which best describes how you think of yourself? (please tick the appropriate box(es))

- Lesbian /Gay Heterosexual Bisexual I do not wish to disclose my sexual orientation
- Married Single Civil Partnership I prefer not to say

Equality Act 2010

The Equality Act 2010 protects disabled people. This includes people with long-term health conditions.

Do you consider yourself to have a disability?

- Yes No I do not wish to disclose this information

If yes please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- | | |
|--|---|
| Physical Impairment <input type="checkbox"/> | Learning Disability/Difficulty <input type="checkbox"/> |
| Sensory Impairment <input type="checkbox"/> | Long-standing illness <input type="checkbox"/> |
| Mental Health Condition <input type="checkbox"/> | Other <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | |

Please return completed form to: Home Matters Supporting People Limited, The Barn, 82A Park Road, Quarry Bank, Brierley Hill, West Midlands, DY5 2HP.