



Home Matters Supporting People

'Foundations for a better life'

**Referral
Form**

Supported Living opportunities

Please ask your professional carer (for example Care Coordinator, Nurse or Doctor) to help you complete this Referral Form. We will then contact you and arrange to meet for an informal discussion or to carry out our Assessment, which will help us decide if we can help you.

Once you have completed the form please forward by secure email to referrals@homematters.support

If you are not able to return by email please sent to the address at the end of the form.

Please indicate which type of support you are applying for

I have my own accommodation and I require support only. Please complete sections; 1,2,3,4,5,7,8	<input type="checkbox"/>
I require accommodation (shared housing within Dudley Borough) with support. Please complete sections; 1,2,3,4,5,6,7,8	<input type="checkbox"/>

SECTION 1 – PERSONAL INFORMATION

Full Name		Date of Birth	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="checkbox"/> Other	Please state	<input type="checkbox"/> Prefer not to say	
Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Other
Full Address			
	Postcode		
Telephone No.	Home	Mobile	
Email Address			
National Insurance No.			
First Language			

Next of Kin Details

Name		Relationship to you	
Address			
		Postcode	
Telephone No.	Home		Mobile
Email Address			

SECTION 2 – PROFESSIONAL INVOLVED IN YOUR CARE

Name		Professional Role	
Address			
		Postcode	
Work Telephone No.		Mobile No.	
Email Address			

SECTION 3 – DETAILS OF HEALTH CONDITION AND CURRENT SITUATION

Mental Health Needs	
Learning Disability Needs	
Physical Health Needs	
Housing Needs	
Financial Support Needs	

DAILY LIVING SKILLS

Daily Living Skills – please select all the areas you need support in and give full details in the comments box below.

<input type="checkbox"/> Cooking, preparing food, food safety	<input type="checkbox"/> Following a healthy/specific diet	<input type="checkbox"/> Shopping/ Budgeting
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<input type="checkbox"/> Looking after yourself/personal hygiene	<input type="checkbox"/> Travelling	<input type="checkbox"/> Other
<input type="checkbox"/> Keeping living Accommodation clean/tidy	<input type="checkbox"/> Laundry	<input type="checkbox"/> I don't require support with daily living
Additional Comments		

BEING SAFE

Please select all the areas you need support in and give full details in the comments box below.

<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Fleeing violence/abuse	<input type="checkbox"/> Managing risk
<input type="checkbox"/> Health and Safety of accommodation	<input type="checkbox"/> Living with violence	<input type="checkbox"/> Other
<input type="checkbox"/> Safeguarding from abuse	<input type="checkbox"/> Managing my behaviour	<input type="checkbox"/> I don't require support with keeping safe
Additional Comments		

BASIC SKILLS

Please select all the areas you need support in and give full details in the comments box below.

Reading/Writing	Communication Skills	Problem Solving
Number Skills	Digital Literacy	Other

I don't require support with Basic Skills	
Additional Comments	
Details of any Outstanding debts	

ACCOMMODATION, MOVING ON AND RESETTLEMENT		
Please select all the areas you need support in and give full details in the comments box below.		
Accessing aids and adaptations	Preparing for move on	Managing/using equipment safely
Maintaining/ understanding Licence or Tenancy Agreement	Finding/bidding for properties	Other
Preventing homelessness	Budgeting for moving on	I don't require support with accommodation, moving on or resettlement
Additional Comments		

SECTION 4 - RISK ASSESSMENT – Risk to Self

Please complete the following sections on 'risk' and give full details. We will use the information to enable us to support you, helping us to keep you and others safe.

	Current Within the last 12 months	Past More than 12 Months ago	Never	Further Details
Alcohol Addiction/Abuse				
Illegal Drug Use/Addiction				
Legal Highs				
Self-harm				
Suicidal Thoughts/ Attempted Suicide				
Self-neglect				
Non-compliance with medication				
Mental health or learning disability that could pose a risk				

Poor physical health				
Unhealthy risk taking				
Isolation				
Any other risk to self				

RISK ASSESSMENT – Risk to Others

	Current Within the last 12 months	Past More than 12 Months ago	Never	Further Details
Arson				
Anti-Social behaviour				
Bullying (Threatening or intimidating behaviour)				
Challenging Behaviour				

Physical violence (Assault/ABH/GBH)				
Racially motivated incidents				
Sexual Offences				
Sexual Offences against children				
Firearms or weapons offences				
Drug related offences				
Theft or burglary				
Damage to property				
Any other identified risks to others. Please include any risks to staff visiting you in your own accommodation.				

Murder or manslaughter and/or attempted				
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RISK ASSESSMENT – Risk of harm from others

	Current Within the last 12 months	Past More than 12 Months ago	Never	Further Details
Being threatened or intimidated				
Victim of Anti-Social behaviour				
Being bullied and/or being controlled or coerced				
Being financially abused				
Being sexually abused				
Victim of domestic abuse				

Physical violence/ assault				
Racially motivated incidents				
Victim of theft/burglary				
At risk of harm or abuse from others				
Any other risks from others				

SECTION 5 - CAUTIONS AND CONVICTIONS

You only need to tell us about convictions that are “unspent”. Under the Rehabilitation of Offenders Act (1974) convictions become “spent” after a time. However, if you have been given a sentence of more than 2.5 years this conviction never becomes “spent”. Information you give will not automatically exclude you, but will help us to support you and manage risks.

Nature of caution or conviction	Date/s of caution/conviction	Further information

Please give dates/details of any custodial sentences	
Please give details of any pending court appearances	
Are you under an Anti-Social Behaviour order?	
Do you have any court injunctions against you?	
Are there any injunctions in place for your protection?	

SECTION 6 – PLEASE ONLY COMPLETE THIS SECTION IF APPLYING FOR AN ACCOMMODATION PLACEMENT WITHIN HOME MATTERS HOMES

Are you flexible in where you live?	Yes	No
Do you have the ability to share with others?	Yes	No
Are you currently claiming and in receipt of housing benefit?	Yes	No
If you are not in receipt of housing benefit do you claim or would you be eligible for Local Housing Allowance which is payable through Universal Credit?	Yes	No Not sure
Do you receive the daily living component of Personal Independence Payment (PIP)	Yes	No
Are you subject to Section 117 Aftercare Funding?	Yes	No
If you are not eligible for the benefits listed above, are you in a position to self-fund the placement either through; private funds, benefits, direct payment or personal budget?	Yes	No

SECTION 7 - SERVICE USER COMPLETING FORM

To the best of my knowledge the information provided is accurate

Signed			
Print		Date	

SECTION 8 - DETAILS OF THE PROFESSIONAL SUPPORTING YOU TO COMPLETE THIS FORM (REFERRING AGENT)

To the best of my knowledge the information provided is accurate

Name		Role	
Address			
		Postcode	
Telephone no.		Email	
Signed		Date	

CHECKLIST

	YES	NO	N/A
I have enclosed a copy of the service users latest Support Plan			
I have enclosed a copy of the service users latest Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a copy of the service users latest CPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any other supporting documentation forwarded			

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