

Still Waters House Supported Housing Referral Form

**Location of Property:** **Winson Green, Birmingham, West Midlands**

Tel: 01212362206

Email: stillwatershouse@gmail.com

|  |  |
| --- | --- |
| Full name of person being referred: |  |

# Overview

## Still Waters House operates supported accommodation in Birmingham. This supported accommodation is characterised by providing a safe and positive home environment, supporting and equipping residents to make the transition from insecure accommodation and unsettled living to security and stability in their accommodation and lives.

## Still Waters House currently operates 2 bed spaces (increasing to 5 over time).

## Vital Information

1. This form **must have typed answers** – handwritten forms will not be accepted
2. Referrals must be made by agencies on this form - self referrals are not accepted.
3. Information sharing by the referral agency is essential for a successful referral.
4. Where available the referring agency should forward any full risk-assessment and pathway plan relating to the person being referred.
5. **We must have received a FULLY completed referral form before we can interview anyone.**

## 

## Referral Criteria

To refer a person to Still Waters House for supported accommodation the candidate MUST meet the following criteria:

General Criteria

1. Male only
2. Single persons only
3. Minimum Age: 25 years old (19 – 24 considered in special circumstances)
4. No Maximum Age (SWH does not offer any form of nursing care)
5. Must be eligible to receive Housing Benefit.
6. Must not be using a controlled drug[[1]](#footnote-1) (this includes Cannabis and legal highs).
7. No alcohol is permitted on the premises. Recovering alcoholics considered based on individual needs & condition.
8. Must not be self-harming in an uncontrolled way.
9. Must not keep pets at the residence.

Support Related Criteria:

1. Must have medium support needs
2. Must have a desire to be helped towards positive change.
3. Must be willing to abide by the House Rules and License Agreement.
4. Must be comfortable with the Christian values of Still Waters House.
5. Must be willing to engage with the project and participate in meaningful activities. These could include: volunteering, training & education, skill development, employment or other paid work etc. Target is minimum of 10 hours per week.
6. Must be willing to work with Still Waters House weekly to meet the objectives of their Support Plan. This will include engaging with (and not restricted to) relevant activities, residents’ meetings and workshops.

**Please make sure you fill out this form fully with detail (avoid one-word answers).**

**No-one will be considered without an adequately completed referral form.**

**All referral forms to be emailed to: stillwatershouse@gmail.com**

**1. Details of Referring Agency**

|  |  |
| --- | --- |
| Date of referral |  |
| Name of agency |  |
| Contact name from referral agency |  |
| Address |  |
| Office telephone number |  |
| Mobile telephone number |  |
| Email |  |
| Nature of relationship with person you are referring? |  |
| How long have you known the person you are referring? |  |
| How did you meet the person you are referring? |  |

**2**. **Applicant’s Details**

|  |  |
| --- | --- |
| Full Name |  |
| Gender |  |
| Nationality |  |
| First Language |  |
| Age |  |
| Date of Birth |  |
| National Insurance Number |  |
| Marital Status |  |
| Next of Kin (if applicant wants to record this) |  |
| Current address |  |
| Telephone Number |  |
| Registered with a Doctor? (if so which one) |  |
| Registered with a Dentist? (if so which one) |  |
| Registered with an Optician? (if so which one) |  |

#### 3. APPLICANT’S DEPENDENT CHILDREN (will not be resident)

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Town of Residence |  |
| Name of Principal Carer |  |
|  |  |
| Name of Child |  |
| Date of Birth |  |
| Town of Residence |  |
| Name of Principal Carer |  |
|  |  |
| Name of Child |  |
| Date of Birth |  |
| Town of Residence |  |
| Name of Principal Carer |  |
|  |  |
| Name of Child |  |
| Date of Birth |  |
| Town of Residence |  |
| Name of Principal Carer |  |

**4. Identification**

Does the applicant have the following to present to us? Please complete all lines.

|  |  |
| --- | --- |
| **Type of ID** | **Yes or No** |
| Passport |  |
| Birth Certificate |  |
| Marriage Certificate |  |
| Driving Licence |  |
| Medical Card |  |

##### 5. Family History / Background

##### (Please detail below)

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| --- |
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##### 6. Personal Situation / Care History

##### (Please detail below)

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**7. Employment and Education**

|  |  |  |
| --- | --- | --- |
| EMPLOYMENT |  | **Details** |
| Summarise employment history |  | |
| Date of last employment: |  | |
| Company name of last employer: |  | |
| **WORK STATUS** | **Yes/No** | **Details** |
| In full-time work |  |  |
| In part-time work |  |  |
| Unemployed |  |  |
| Undertaking voluntary work |  |  |
| Over retirement age |  |  |
| **EDUCATION STATUS** |  |  |
| In higher education |  |  |
| In further education |  |  |
| Undertaking a training course |  |  |
| An apprentice |  |  |
| Educational achievement to date |  |  |

Please give any further detail below

|  |
| --- |
|  |

**8. Finance**

|  |  |  |
| --- | --- | --- |
| **INCOME AND DEBT** | **YES/NO** | **DETAILS** |
| Universal credit |  |  |
| Personal Independence Payments |  |  |
| Receiving other benefits |  |  |
| How much income does the person receive each week and from where? |  |  |
| Are there rent arrears? |  |  |
| Is he/she in personal debt and how much is owed? |  |  |

**9. Health**

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| --- | --- | --- |
| **HEALTH CONDITIONS** | **Yes/no** | **If yes please give details** |
| Significant medical conditions - if receiving treatment please give detail |  |  |
| Lack of self-care |  |  |
| Recent hospitalisation |  |  |
| Mobility problems / other physical disability |  |  |
| Learning disability |  |  |
| Mental health conditions – if receiving treatment please give detail |  |  |
| Substance misuse – please give history and state if currently receiving support |  |  |

**10. Housing History**

Where did the applicant sleep last night?

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| --- |
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Where has he been sleeping regularly for the last six months?

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Please list last five addresses (as owner occupier or tenant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Address** | **Type of Housing** | **Start Date** | **End Date** | **Reason for Leaving** |
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Is there a history of difficulties regarding previous tenancies?

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| --- | --- | --- |
| **Category** | **Yes/no** | **If yes please give details** |
| Rent Arrears |  |  |
| Behaviour of friends |  |  |
| Neighbour disputes |  |  |
| Anti-social behaviour |  |  |
| Evictions |  |  |
| Harassment |  |  |
| Other |  |  |

**11. Safeguarding**

|  |  |  |
| --- | --- | --- |
| Is the person subject to either of the following? | Yes or No | Details is answer is Yes |
| Multi Agency Public Protection Arrangement involvement |  |  |
| Public Protection Unit involvement |  |  |

**12. Criminal Convictions**

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act

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| --- | --- | --- |
| **Date of Conviction** | **Offence** | **Sentence**  If custodial - how long served in prison? |
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**13. Current Support Needs**

In which of the following areas is support required? If the answer is N to most of these then this is not the most appropriate accommodation

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| --- | --- | --- | --- |
| **HEALTH** | **Y/N** | **Life skills** | **Y/N** |
| Mental health issues |  | Making and sustaining relationships |  |
| Emotional support |  | Parenting skills |  |
| General health and well-being |  | Gaining access to other services |  |
| Substance misuse issues |  | Daily living skills – shopping, housework etc |  |
| Healthy lifestyle |  | Literacy/numeracy |  |
| **SAFETY** | **Y/N** | Finance/debt/budget management |  |
| Domestic abuse concerns |  | Transitioning into independence |  |
| Offending / risk taking behaviour |  |  |  |
| Social skills/behaviour management |  |  |  |
| Safeguarding concerns |  |  |  |
| **OTHER** please detail to the right |  |  |  |

**Why does the applicant want to live in this accommodation and how can it help them?**

**This should be in their own words.**

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**RISK ASSESSMENT**

**NB: This Section MUST be completed**

Please use the following definitions to answer the questions:

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| --- | --- |
| **LOW** | Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring. |
| **MEDIUM** | More frequent/regular incidents and/or of a more significant nature |
| **HIGH** | Likely, severe or significant |

**RISK TO OTHERS**

**Does the applicant have a history/is there a risk of any of the following violent offences/incidents *to* others:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Physically abusive |  |  |  |
| Threatening/challenging behaviour |  |  |  |
| Feeling annoyed a lot of the time |  |  |  |
| “Flying off the handle” |  |  |  |
| Feeling aggressive and out of control |  |  |  |
| Reactions do not match the situation i.e. getting very angry over minor issues |  |  |  |
| Lack of remorse or regret |  |  |  |
| Making serious false allegations |  |  |  |
| Mentally abusive |  |  |  |
| Sexually abusive |  |  |  |
| Racially abusive |  |  |  |
| Verbally abusive |  |  |  |
| Theft |  |  |  |
| Damage to property |  |  |  |
| Arson |  |  |  |
| Other types of offending behaviour |  |  |  |

Describe below potential triggers and who is at risk:

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| --- |
|  |

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| **RISK TO SELF**  Is there a history or current risk of any of the following? | | | |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Suicidal thoughts or attempts |  |  |  |
| Burning or cutting of skin |  |  |  |
| Physical abuse of own body |  |  |  |
| Eating disorders |  |  |  |
| Accidental overdose |  |  |  |
| Misuse of /non-compliance with medication |  |  |  |
| Other forms of self-harm |  |  |  |
| Abuse from others |  |  |  |
| Learning difficulties |  |  |  |
| Immaturity |  |  |  |
| Difficulty Socialising |  |  |  |
| Problems with eating or sleeping |  |  |  |
| Isolation, withdrawing from people |  |  |  |
| Feelings of hopelessness |  |  |  |
| Self-neglect |  |  |  |
| Feeling agitated, paranoid or unpredictable |  |  |  |
| Feeling very high or low |  |  |  |
| Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause |  |  |  |
| Behaving in a way that others feel is inappropriate e.g. sexually disinhibited |  |  |  |
| Feeling obsessed with violent videos, written materials or weapons |  |  |  |
| Substance misuse |  |  |  |
| Other mental health issues |  |  |  |

Describe below potential triggers and who is at risk:

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| --- | --- | --- |
| **OTHER SERVICES INVOLVED WITH THIS PERSON** | | |
| **Name of Agency** | **Frequency** | **Purpose** |
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##### Referral Agency support

As the referring agency how will you support the person while they are resident at the accommodation?

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**Contact Arrangements**

Will the person have contact with family and friends? If so give details:

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| --- |
|  |

**Identity**

Are there any other issues regarding this person’s identity that we should be aware of?

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|  |

**Any Other information.** Please include any needs that should be brought to our attention

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| --- |
|  |

Please attach to the application if available

|  |  |
| --- | --- |
| **Included** |  |
| Full risk assessment | ▢ |
| Pathway plan | ▢ |
| Support Plan | ▢ |
| Mental Health Care Plan | ▢ |
| Probation Report | ▢ |

**Referral Agency Declaration**

I confirm that any support by my agency will be ongoing during the applicant’s stay at the accommodation. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at the accommodation if their application is successful.

Print Name: ……………………………………………………… Signature…………………………………

Name of Referral Agency: ……………………………………. Position: ……………………………….

**Declaration of person wanting to access Still Waters House supported accommodation**

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to **Still Waters House** where necessary.

I also agree that **Still Waters House** may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

##### Print Name ………………………………………….. Signature …………………………….

##### 

##### Date…………….

1. https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation [↑](#footnote-ref-1)