|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Macintosh HD:Users:hanfia:Desktop:EDEN HOUSE:LOGOS:eden pen .png  **Client Bed Space Referral Form** | | | | | | | | | | | **Office use only** Date Received:  Date Acknowledged: | | | | | | | | |
| **Reference No.:** | | | |  | | | | |
| *Please complete all sections of the referral form as fully as possible. Incomplete forms will be returned for further information. Also,* ***please******ask******the person you are referring*** *to* ***complete and sign the consent form*** *at the end of this Referral Form to enable us to complete the assessment with minimum delay.* | | | | | | | | | | | | | | | | | | | | | |
| **1. REFERRAL AGENCY** | | | | | | | | | | | | | | | | | | | | | |
| **Name of referrer:** | | | | | | | | **Date of referral:** | | | | | | | | | | | | | |
| **Job Title:** | | | | | | | | **Telephone No:** | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | |
| **2. SERVICE REQUESTED**: *please* ***✓*** *as appropriate* | | | | | | | | | | | | | | | | | | | | | |
| **1. Accommodation Based Support Scheme:**  Provides furnished accommodation, let on a temporary basis on a LICENSE AGREEMENT. The aim of the project is to support the service user to find permanent accommodation. (apprx up to 6 - 12 months) | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| **Consent:** Has the client’s consent been obtained for this referral? YES  NO  *(please state why this referral has been submitted if consent not obtained):* | | | | | | | | | | | | | | | | | | | | | |
| **3. PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **Last name:** | | | | | | | | | | | | | **Title:** Mr / Mrs / Miss / Ms | | | | | | | | |
| **First name(s):** | | | | | | | | | | | | | **Date of Birth:** | | | | | | | | |
| Current Address:  Postcode: | | | | | | | | | | | | | Telephone Numbers:  Land line:  Mobile: | | | | | | | | |
| National Insurance Number:  Residential Status: | | | | | | | | |
| Address for post if different to above:  Postcode: | | | | | | | | | How should we contact this client?  By telephone  By post  Through the referrer  Other  Please state: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Children’s details | | | | | | | | | | | | | | | |  | | | | | |
| Child 1 | Name: | | | | | | School | | | | | | | | | Date of Birth  / / | | | | | |
| Child 2 | Name: | | | | | | School | | | | | | | | | Date of Birth  / / | | | | | |
| Child 3 | Name: | | | | | | School | | | | | | | | | Date of Birth  / / | | | | | |
| Child 4 | Name: | | | | | | School | | | | | | | | | Date of Birth  / / | | | | | |
| Is the client pregnant? Yes  No  If Yes: Name/Tel Midwife.  *(We will do our best to accommodate the following, but it will be dependent on availability)*  Does the client need to be supported by a worker of a specific cultural background?  Yes  No  If so please give details:  Client First Language:  Is the Client fluent in English? | | | | | | | | | | | | | | | | | | | | | |
| **4. HEALTH** | | | | | | | | | | | | | | | | | | | | | |
| Does the client have any general health problems? | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Diagnosis or description of illness/symptoms if undiagnosed: | | | | | | | | | | | | | | | | | | | | | |
| Is the client on any prescribed Medication?  Yes  No  Don’t Know  Please give brief details if ‘yes’ | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Does, or has, the client ever misused drugs, solvents or alcohol? YES  NO  ***If ‘yes’ please answer the following questions:***   * Is this a current issue? YES  NO * What substance(s) did / does the client use? ……………………………………….. * Is the client diagnosed as having a drugs or alcohol addiction? YES  NO * Does the client consider him/herself to have an addiction? YES  NO   Please give any other relevant details: | | | | | | | | | | | | | | | | | | | | | |
| **5. HOUSING HISTORY (last 3 years)** | | | | | | | | | | | | | | | | | | | | | |
| **Please ✓ all relevant types of accommodation the client has lived in during the last 5 years** | | | | | | | | | | | | | | | | | | | | | |
| Own tenancy | | |  | | Bed and Breakfast | | | | | |  | Sleeping Rough | | | | | | | |  | |
| Supported housing | | |  | | Hostel | | | | | |  | Hospital | | | | | | | |  | |
| Parental home | | |  | | Squatting | | | | | |  | Other *(please give detail below)* | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Last 2 addresses (if available)** | | | | | | | | | | | | | **From** | | | | | **To** | | | |
| **1.** | | | | | | | | | | | | |  | | | | |  | | | |
| **2.** | | | | | | | | | | | | |  | | | | |  | | | |
| **6. EMPLOYMENT and TRAINING** | | | | | | | | | | | | | | | | | | | | | |
| **Status:**  ***Tick all that apply*** | | | | Employed | |  | | | | Unemployed | | | |  | Long Term Sick | | | | | |  |
| Student | |  | | | | Other (specify): | | | | | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7a. BENEFITS** | | | | | | |
| Is the client in receipt of benefits? YES  NO  Name of benefit(s): …………………………………………………………….…………………………………………………………….  Is it paid Weekly / Fortnightly?............................. How much is received? ………………………………....  What day is benefit paid?: …………………………………  How is it received? GIRO  INTO BANK ACCOUNT  COLLECTED | | | | | | |
| **7b. RESIDENTIAL STATUS** | | | | | | |
| Is the client a British Citizen? YES NO  \*\*If no, what visa type is the client in the UK on?  NB: EHUK only offer a bed space to individuals who have UK citizenship OR are here on a spousal visa.  For other situations there is a possibility for a space under some circumstances. Please speak to an EHUK staff member.  *\*\* Please provide a photocopy of any ID cards, visas and passports.* | | | | | | |
| **8. RISK ISSUES** | | | | | | |
| ***(Please tick all that apply)*** | | Self Harm |  | Substance abuse | |  |
| Current Risk Assessment  Attached:  Yes  Not available | | Self Neglect |  | Arson | |  |
| Violence to property |  | Violence to providers | |  |
| Violence to others |  | Violence to others | |  |
| Unable to budget |  | Vulnerable | |  |
| Non- Engagement with services |  |  | |  |
| Other: Please specify | | | | |
| **9. Support Needs** | | | | | | |
| **Has a DASH form been completed?**  **YES NO** | **What was the DASH risk outcome?**  **Low Medium High** | | | |  | |
| Any other information that may assist the application: | | | | | | |
| How long have you known this client and in what capacity? | | | | | | |
| How did you find out about the Eden Houses UK Project? | | | | | | |
| Signature of referrer: | | | | | | |
| Date: | | | | | | |

|  |
| --- |
| ***Referral For***  **Accommodation Based Support**  Please return this form to: [info@edenhousesuk.com](mailto:info@edenhousesuk.com) (Birmingham Branch)  [sheffield@edenhousesuk.com](mailto:sheffield@edenhousesuk.com) (Sheffield Branch)    **Ameena Blake (Director): 07723384496**  **Sheffield Branch: 01142729034**  **Birmingham Branch: 0121 448 4880**  **Out of Hours: 07723384496**  Email 🖰 [info@edenhousesuk.com](mailto:info@edenhousesuk.com)  sheffield@edenhousesuk.com  Website 🖳 [www.edenhousesuk.com](http://www.edenhousesuk.com) |

**Eden Houses UK**

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

**All information collected for monitoring purposes is confidential**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity:** *please tick all that apply* | | | | | | | | | | | | | | | | | |
| Asian | |  | Indian | | |  | | Pakistani | |  | | | | Other Please specify: | |  | |
| Asian British | |  |
| Black | |  | Caribbean | | |  | | African | |  | | | | Other  Please specify: | |  | |
| Black British | |  |
| Chinese or Other Ethnic Group | |  | Chinese | | |  | | Other Ethnic Group Please specify: | | | | | | | |  | |
| Mixed | |  | White /  Black African | | |  | | White / Asian | |  | | | | |  |  | | |
| White/  Black Caribbean | | |  | | Other Please specify: | | | | | | | |  | | |
| White | |  | British | | |  | | Irish | |  | | | Other Please specify: | | |  | | |
| **Preferred language:** | | | English | | |  | | Bengali | |  | | | Cantonese | | |  | | |
| Hakka | | |  | | Hindi | |  | | | Mandarin | | |  | | |
| Punjabi |  | | Urdu | | |  | | Punjabi | |  | | | Other: Please specify below | | |  | | |
| **Do you have any language support needs?** (please specify) | | | | | | | | | | | | |  | | | | | |
| **Religious Preference** *do you consider yourself to be*: | | | | Christian | | |  | | Buddhist | | |  |  | | | | | |
| Muslim | | |  | | Sikh | | |  |  | | | | | |
| Judaist | | |  | | Atheist | | |  |  | | | | | |
| Other (please specify): | | | | | | | | | | | | | | |
| **Disability:** | | | | | Speech impaired | |  | Vision impaired | | |  | | Hearing impaired | | | |  | |
| Learning difficulty | |  | Wheelchair User | | |  | | Limited Mobility | | | |  | |
| Other (please specify): | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **CONSENT FORM** |  |

***Thank you for applying for support with Eden Houses UK. To enable us to assess your application as fully and accurately as possible we may need to speak to others who know you or who have been involved in your support.***

***To speed up the referral process we would be grateful if you would complete and sign this form authorising us to discuss your support and share information with other agencies.***

|  |
| --- |
| **AUTHORITY TO DISCLOSE INFORMATION** |

# I confirm that I am currently applying to receive accommodation and/or housing support from Eden Houses UK.

# I give my consent for Eden Houses UK to gather relevant information about me and my support needs from other agencies and relevant people who know me.

|  |  |
| --- | --- |
| First name: |  |

|  |  |
| --- | --- |
| Last name: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Contact number: |  |

Signature: ……………………………………………………

Date : ……………………………………………………………