**Referral for Young Person Outreach Support and Mediation Services**

Please tick to indicate:

Outreach/Floating Support Referral

Mediation Services Referral

Areas marked \* are compulsory – forms without this data cannot be processed

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| **Young Person (16 – 25 years old)** | | | | | | |
| \*Name: |  | | | | | |
| \*Address: |  | | | | | |
| \*Postcode: |  | \*Contact No: | | |  | |
| Email: |  | Home Point Ref No. | | |  | |
| \* NI Number: |  | Nationality: | | |  | |
| \*Date of Birth: |  | Age: | | |  | |
| Gender: | Male  Female  Transgender Gender Nonconforming  Other Gender Identity Please state: | | | | | |
| Does the applicant need someone to use sign language for them? | | Yes | | No | | |
| Does the applicant need information in Braille? | | Yes | | No | | |
| Does the applicant need an interpreter? | | Yes | | No | | |
| Does the applicant have right of residency in the UK? | | Yes | | No | | |
| Does the applicant have recourse to public funds? | | Yes | | No | | |
| Does the applicant consider themselves to have a disability? | | | Yes, please give details below | | | |
| Details of Disability and any adaptations needed to help them manage in a property: | | | | | | |
| \***Referring Agency:** |  | | \*Date: | |  | |
| \*Contact Name: |  | | \*Contact No: | |  | |
| \*Email: |  | | | | | |
| Address: |  | | | | | |
| Do you consider this referral urgent? (Needs actioning today) | | | | | | Yes  No |
| \***Has a potential need for an Adult Safeguarding referral been identified**? | | | | | | Yes  No |
| If so, has an initial referral been made? | | | | | | Yes  No |
| Does the young person pose a potential risk to themselves or others? | | | | | | Yes  No |
| If Yes, what potential risk/s have been identified? Give details; | | | | | | |

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| **Risk Indicators** | | | | | | | |
| This information is required to allow support staff to prepare for the assessment interview fully. Please give as much detail as possible. With this application is there any history or evidence of the following, either by or to the applicant? | | | | | | | |
|  | Yes | No | Don’t Know |  | Yes | No | Don’t Know |
| Aggression/Violence (Victim) |  |  |  | Self Harm |  |  |  |
| Aggression/Violence  (Perpetrator) |  |  |  | Sex Offences (Victim) |  |  |  |
| Bullying/Harassment (Victim) |  |  |  | Sex Offences (Perpetrator) |  |  |  |
| Bullying/Harassment (Perpetrator) |  |  |  | Theft |  |  |  |
| Arson |  |  |  | Weapons |  |  |  |
| Domestic Abuse or Coercive Control |  |  |  | Safeguarding Concerns |  |  |  |
| Substance / Alcohol Use (current) |  |  |  | Hate Crimes (victim) |  |  |  |
| Substance / Alcohol Use (historic) |  |  |  | Hate Crimes (perpetrator) |  |  |  |
| Exploitation |  |  |  | Other – Please specify |  |  |  |
| Please give further details relating to risk indicators: | | | | | | | |

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| **\* Current Support Needs which have been identified** (Tick all that apply) | | | |
| **Housing Situation** | | **Staying Safe** | |
| Tenancy failing |  | Risk of domestic abuse |  |
| Homeless |  | Risk of harm from others |  |
| Risk of homelessness |  | Risk of self-harm |  |
| Sofa surfing |  | Risk of offending |  |
| Unsuccessful move to new accommodation |  |  | |
| Delayed move to new accommodation |  | **Family** | |
|  | | Breakdown with family relationships |  |
| **Life Skills and Future Planning** | | Conflict within family. |  |
| Preventing deteriorating financial position |  | Cannot continue residing in current accommodation |  |
| Access to employment |  |  | |
| Access to education or training |  |  | |
| Improving Life Skills |  |  | |

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| **Additional Information** |
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| **\*Data Protection**  *The person named (Applicant) on this form must be aware of this referral and give permission to share this information with relevant agencies relating to this referral.*  Has permission to share data been given?  Yes  No  The information recorded about the applicant on this form will be shared amongst representatives of local housing and related agencies to ensure the best use of local resources to meet their needs. This will normally be at one joint meeting. Copies of the referral form will only be held by the Service Provider(s) and the organisation completing this referral once a decision about accommodation and support has been made.  I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false, any service or offer of service, including housing may be withdrawn, or if I have already moved into a service, legal action may be taken, which may result in the requirement to move out.  **\*Confidentiality Statement**: VERBAL CONSENT; In view of the measures being taken to keep people safe during the coronavirus pandemic, verbal consent was obtained, with the person named below. | | | |
| **\*Applicant Name:** |  | **\*Date:** |  |
| **\*Form Completed by:** |  | **\*Date:** |  |
| **For queries or questions or encryption methods please contact Maggie Smith (Support Services Administrator) on 03332 313233 Email encrypted forms to (**[**herefordypp@connexus-group.co.uk**](mailto:herefordypp@connexus-group.co.uk)**)** | | | |

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| Connexus Housing Group is committed to a policy of Equal Opportunities. The purpose of the following questions is to help us monitor our equal opportunity policy to ensure that our service is accessible to all sections of the community. This is sensitive and personal data and will be treated with the utmost confidentiality in line with the requirements of Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The information will not be used in the assessment process. | | | | | | |
| **Ethnic Origin – How would the person being referred describe their ethnic origin?** | | | | | | |
| **White**  British  Irish  Gypsy/Roma  Other | **Mixed Heritage**  White and Asian  White and Black  Caribbean  White and Black  African  Other | | **Asian, Asian British**  Indian  Pakistani  Bangladeshi  Other | **Black, Black British**  Caribbean  African  Other | | **Chinese**  Chinese |
| **Any Other Ethnic Background**  **Do Not Wish to Disclose Ethnic Origin** | | | | | | |
| **Disability – does the person being referred consider they have a disability?**  Yes  No  Do not wish to declare  **If yes, please indicate type of disability below:** | | | | | | |
| Physical Disability  Learning Difficulties  Mental Health Problems | | Chronic Ill Health  Sensory Impairment  HIV / AIDS | | | Mobility Problems  Other Disability  Registered Disabled | |