

**Date of Referral**:

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**Project Liberty Accommodation – Supported Housing**

**Referral Form**

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***The Rising Sun Domestic Abuse Service*** is a charity in Kent addressing domestic abuse and providing services for adults, children and families. We provide Supported Housing for young women aged 16-24 years, with experience of domestic abuse, are pregnant or have a young baby up to 6 months old and who are homeless or facing impending homelessness.

*Note: It is extremely important that this form is completed with as much detail as possible. Our decision to offer an assessment interview is based on this information. It is also in the resident’s best interest that we have detailed information, so we may provide the best service possible.*

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| 1. **Client Details** | | | | | | | | | | | | | | | | |
| **Client forename** | |  | | | | | **Client contact address (care of address)** | | | | | | |  | | |
| **Client surname** | |  | | | | |
| **Known as (Nickname)** | |  | | | | |
| **Client telephone** | |  | | | | | **Postcode** | | | | | | |  | | |
| **Client email address** | |  | | | | | **Is this the client’s first child?** | | | | | | |  | | |
| **Date of birth** | |  | | | | |
| **Gender** | |  | | | | |
| **Baby’s Due date/ or Name and DOB of baby** | |  | | | | |
| |  |  |  | | --- | --- | --- | | **Is the client** | Single | In a relationship | | **Please give any additional information that you think may be relevant** | | | |  | | | | | | | | | | | | | | | | | | | |
| **Does anyone else have parental responsibility for the child?** | | | | | | | | | | | | | | Yes | | No |
| **If yes, who?** | **Current Partner** | |  | **Ex-Partner** |  | **Grandparent(s)** | |  | **Social Services** |  | **Other** | |  | | **Please specify**: | |
| **Please give details of anyone other than the client who has parental responsibility for the child** | | | | | | | | | | | | | | | | |
| **Person 1:** | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | **Address** | | | | |  | | | | |
| **Relationship** | |  | | | | |
| **Telephone number** | |  | | | | | **Postcode** | | | | |  | | | | |
| **Person 2:** | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | **Address** | | | | |  | | | | |
| **Relationship** | |  | | | | |
| **Telephone number** | |  | | | | | **Postcode** | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Agency/ Referrer Details** | | | | | | | | | | | | | | | | |
| **Name of Referrer** | |  | | | | | **Agency Name** | | | | | | |  | | |
| **Job Title** | |  | | | | | **Agency Address** | | | | | | |  | | |
| **Tel No** | |  | | | | |
| **Email** | |  | | | | | **Post Code** | | | | | | |  | | |

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| 1. **Referral Information** | | | | | | | | | | | |
| **Has verbal agreement for this referral been obtained by the client?** | | | | | | | | | Yes | No | |
| **If no, please specify why not:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **How long has the client been known to your agency?** | | | | |  | | | | | | |
| **Please give details of your involvement, the client’s current circumstances and the reason for this application:** | | | | | | | | | | | |
| **Will your agency be able to attend an initial assessment meeting at Project Liberty Accommodation with your client and any subsequent meetings if the need arises?** | | | | | | | | | Yes | No | |
| **If no, please specify why:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Will the client require any assistance to attend an assessment interview? (Hearing loop, or translation etc) please give details.** | | | | | | | | | | | |
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| 1. **Domestic Abuse** | | | | | | | | | | | | |
| **Is the client currently experiencing domestic abuse, or have they within the last year?** | | | | | | | | | Yes | No | | |
| *If yes, please answer the following questions. If no, please move to section 12.* | | | | | | | | | | | | |
| **Who is the perpetrator?** | | | | | | | | | | | | |
| **Current Partner** | |  | **Father** | | | |  | **Brother/ Sister** | | |  | |
| **Ex-partner** | |  | **Mother** | | | |  | **Other** | | |  | |
| **If other, please specify:** | |  | | | | | | | | | | |
| **Where does the perpetrator currently live? Exact address if known, or nearest town/ postcode.** | | | |  | | | | | | | | |
| **Are there any court orders or other safety measures currently in place?** | | | | | | | | | **If yes, please specify:** | | | |
|  | | | | | | | | | | | | |
| **Does the client have any ongoing support with the perpetrator? If yes please give details:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Has a DASH Risk Indicator Checklist been completed?** | | | | | | | | | Yes | No | | |
| **If yes, what is the current risk level? Please provide any relevant context and ensure a copy of the DASH is included with this referral. You can find a copy on the Safe Lives website:** [**www.safelives.org.uk**](http://www.safelives.org.uk) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please provide details of any other professionals that are supporting the client with issues of domestic abuse:** | | | | | | | | | | | |
| **Name of Worker** |  | | | | | **Name of Agency** | | |  | | | |
| **Job Title** |  | | | | | **Agency Address** | | |  | | | |
| **Tel No** |  | | | | |
| **Email** |  | | | | | **Post Code** | | |  | | | |

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| 1. **Housing History** | | | | | | | | | | | | | | | |
| *The Rising Sun provides shared accommodation for young vulnerable women who are pregnant or with a small baby. They come from a wide range of cultural backgrounds e.g. race/religion/sexuality* | | | | | | | | | | | | | | | |
| **Where is your client currently living? Please tick** | | | | | | | | | | | | | | | |
| **Relative** |  | **Foster Care** | |  | **Supported Lodgings** |  | **Housing Association** | |  | **Local Authority** |  | **Street Homeless** |  | **Sofa Surfing** |  |
| **B & B** |  | **Hostel** | |  | **Other** |  | **Please specify**: | | | | | | | | |
| **Please detail with dates where the client has been living for the last five years. Please give the most recent /current address *first* (you may use a separate sheet if necessary)** | | | | | | | | | | | | | | | |
| **Date from**  **(MM/YY)** | **Date to (MM/YY)** | | **Type of Accommodation and name of landlord if applicable** | | | | | **Accommodation**  **Address** | | | | | | | |
|  |  | |  | | | | |  | | | | | | | |
| **Reason for leaving:** | | |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | | | | |
| **Reason for leaving:** | | |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | | | | |
| **Reason for leaving:** | | |  | | | | | | | | | | | | |
| **Has your client ever had problems with rent arrears from previous housing?** | | | | | | | | | | | | Yes | No | | |
| **If yes, please give details:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Has your client lost accommodation due to violence or damage to the property?** | | | | | | | | | | | | Yes | No | | |
| **If yes, please give details:** | | | | | | | | | | | | | | | |
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| 1. **Support Needs** | | | | | | | | | | | | |
| *Accepting support is an integral part of the provision provided* | | | | | | | | | | | | |
| **Please indicate the level of support your client requires with the following, in order to enable independence? (*to be filled in with the client*)** | | | | | | | | | | | | |
| **Pregnancy and parenting** | | | **Low** |  | **Medium** |  | **High** | | |  |
| **Education and training** | | | **Low** |  | **Medium** |  | **High** | | |  |
| **Positive relationships** | | | **Low** |  | **Medium** |  | **High** | | |  |
| **Skills for independence** | | | **Low** |  | **Medium** |  | **High** | | |  |
| **Health and wellbeing** | | | **Low** |  | **Medium** |  | **High** | | |  |
| **Other support (please specify)** | | |  | | | | | | | | | |
| **Do any of the following apply to your client now or in the past? (please tick)** | | | | | | | | | | | | |
| **Alcohol use/abuse** |  | **Anorexia/Bulimia** | | | | | |  | **Compulsive spending** | | |  |
| **Drug use/abuse** |  | **Damage to property** | | | | | |  | **Leaving institutional care** | | |  |
| **Other dependencies** |  | **Relationship breakdown** | | | | | |  | **Self-harm** | | |  |
| **Unpaid loans/debt** |  | **Aggression towards others** | | | | | |  | **Arson** | | |  |
| **Challenging behaviour** |  | **Depression** | | | | | |  | **Gambling** | | |  |
| **Learning difficulties** |  | **Physical violence toward others** | | | | | |  | **Solvent use/abuse** | | |  |
| **Suicide attempts** |  | **Victim of violence/abuse** | | | | | |  |  | | |  |
| *NB. Please answer as honestly as you can, selecting any of the above will not discount your client from our service.* | | | | | | | | | | | | |
| **If yes to any of the above please give details of any other agencies involved and what support your client is receiving:** | | | | | | | | | | | | |
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| 1. **Risk Assessment Checklist** |
| *This section of the form needs to be completed with consultation of the client.* |
| **Please indicate whether you perceive the client to be at high, medium or low risk in relation to the following statements** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Poor coping skills; Emotional immaturity/Anger problems etc** | **Low** |  | **Medium** |  | **High** |  |
| **Behaviour problems Anti-social, observed/reported** | **Low** |  | **Medium** |  | **High** |  |
| **History of violence: Observed/reported** | **Low** |  | **Medium** |  | **High** |  |
| **Negative influences; Family/friends/associates** | **Low** |  | **Medium** |  | **High** |  |
| **Lack of supportive relationships; Family breakdown/no community ties.** | **Low** |  | **Medium** |  | **High** |  |
| **Previous accommodation difficulties; Rent arrears/neighbour disputes etc.** | **Low** |  | **Medium** |  | **High** |  |
| **Risk to property; Criminal damage/H&S issues.** | **Low** |  | **Medium** |  | **High** |  |
| **Profile of offending (past or present)** | **Low** |  | **Medium** |  | **High** |  |
| **Substance drug/alcohol abuse; History and treatment.** | **Low** |  | **Medium** |  | **High** |  |
| **Mental health issues; Self-harm/behavioural etc. History and treatment.** | **Low** |  | **Medium** |  | **High** |  |

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| 1. **Alcohol/ Substance Misuse** | | | | | | | | |
| *This section of the form needs to be completed with consultation of the client.* | | | | | | | | |
| **Do you currently use Drugs, Alcohol or Solvents?** | | | | | | | Yes | No |
| **If Yes, please give details of the following: If ‘No’ please go to next section** | | | | | | | | |
|  | | **Not at all** | | **Only occasionally** | **Sometimes** | | **Often** | **Most of the time** |
| **Do you drink in a way that is harmful?** | |  | |  |  | |  |  |
| **Do you misuse prescribed drugs?** | |  | |  |  | |  |  |
| **Do you use non prescribed drugs?** | |  | |  |  | |  |  |
| **Do you use solvents?** | |  | |  |  | |  |  |
| **Do you use or misuse any other substances?** | |  | |  |  | |  |  |
| **Please give details of any support services that your client is working with if relevant.** | | | | | | | | |
| **Name of Worker** |  | | **Name of Agency** | | |  | | |
| **Job Title** |  | | **Agency Address** | | |  | | |
| **Tel No** |  | |
| **Email** |  | | **Post Code** | | |  | | |

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| 1. **Offending History** | | | | |
| *This section of the form needs to be completed with consultation of the client.* | | | | |
| **Do you/does your client have a criminal record?** | | | Yes | No |
| **If yes, what is it for? If ‘No’ please go to next section** | | | | |
|  | | | | |
| **Do you /client have a probation officer?** | | | Yes | No |
| **If yes, please give details:** | | | | |
| **Name of Worker** |  | **Name of Agency** |  | |
| **Job Title** |  | **Agency Address** |  | |
| **Tel No** |  |
| **Email** |  | **Post Code** |  | |
|  | | | | |
| **Do you/client have any outstanding court appearances?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Do you /Client have any outstanding fines?** | | | Yes | No |
| **If yes, please specify:** | | | | |
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| 1. **Health Needs** | | | | |
| **Mental Health Needs**  *This section of the form needs to be completed with consultation of the client.* | | | | | |
| **Do you have any current mental health issues including anxiety/depression?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Do you have any history of mental health issues?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Do you have support with mental health issues including appointments with GP, Community Mental Health Team, or Psychiatrist?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Have you ever self-harmed?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Have you ever had suicidal thoughts/or acted on thoughts of suicide?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Please provide details of any medication you are currently taking for your mental health:** | | | | |
|  | | | | |
| **Please provide details of any other professionals that are supporting the client with their mental health:** | | | | |
| **Name of Worker** |  | **Name of Agency** |  | | |
| **Job Title** |  | **Agency Address** |  | | |
| **Tel No** |  |
| **Email** |  | **Post Code** |  | | |
| **Physical Health Needs**  *This section of the form needs to be completed with consultation of the client*. | | | | |
| **Do you have any current physical or sensory health needs, including any mobility needs?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Have you been admitted to hospital within the past two years?** | | | Yes | No |
| **If yes, please specify:** | | | | |
|  | | | | |
| **Please provide details of any medication you are currently taking for your physical health:** | | | | |
|  | | | | |
| **Please provide details of any other professionals that are supporting the client with their physical health:** | | | | |
| **Name of Worker** |  | **Name of Agency** |  | | |
| **Job Title** |  | **Agency Address** |  | | |
| **Tel No** |  |
| **Email** |  | **Post Code** |  | | |

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| 1. **Client Income** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your client currently:** | | | | | | **Employed** | |  | **Unemployed** | | | |  | | **At School** | | | | |  | **At College** | |  | |
| **If Employed, please specify:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of employment:** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Details of income:** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Is your client in receipt of any benefits?** | | | | | | | | | | | | | | | | | Yes | | | | | No | | |
| **If yes, what type?** | | | | | | | | | | | | | | | | | | | | | | | |
| **JSA** |  | **Income Support** |  | | **Incapacity Benefit/ESA** | |  | **DLA** | |  | | **Universal Credit** | |  | | **Other** | | **Please specify:** | | | | | |
| **How often?** | | | |  | | | | | | | **How much** | | | | | | | | £ | | | | |
| **If no, please state what income they do receive:** | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Cultural/ Religious Needs** | | | |
| **Does your client have any cultural or faith needs that they require support with?** | Yes | No | |
| **If yes, please specify:** | | |
|  | | |
| **Does your client require an interpreter?** | Yes | No | |
| **If yes, which language?** | | |
|  | | |

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| 1. **Details of any other agencies** | | | |
| **Please provide the name, address, and contact telephone number of any other agencies you know are working with the client providing care, support, or treatment.** | | |
| **Name** | **Agency** | **Contact Details** |
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| 1. **Client Equalities Monitoring** |
| *This information is collected to demonstrate that we offer an inclusive service. Information will be used for monitoring purposes only, and we would appreciate your co-operation in completing this.* |

**Religion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion |  | Christian |  | Buddhist |  |
| Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Other religion |  |  |  |

**Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Bisexual |  |
| Gay woman/lesbian | | |  |
| Prefer not to say |  | Prefer to self describe: | |
|  | | | |

**Disability**

|  |  |  |
| --- | --- | --- |
| You **do not** consider yourself to have a disability | |  |
| You **do** consider yourself to have a disability | |  |
| Please give details… |  |  |
|  | |  |
|  |

**Ethnic Origin** (Please indicate as appropriate)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **White:** | English | |  | Northern Irish | |  |
|  | Welsh | |  | Irish | |  |
|  | Scottish | |  | Gypsy/Irish Traveller | |  |
|  | UK |  | | Any other White Background | |  |
| **Mixed/multiple ethnic groups:** |  | |  |  | |  |
| Mixed ethnic background | | | | |  |
| **Asian/Asian UK:** | Indian | |  | Pakistani | |  |
|  | Bangladeshi | |  | Chinese | |  |
|  | Any other Asian background | | | | |  |
| **Black/African/** | African | |  | Caribbean | |  |
| **Caribbean/ Black UK:** | Any other Black/African/Caribbean background | | | | |  |
| **Other ethnic group** | Arab | |  |  | |  |
|  | Other | |  | Please state… |
|  |  | |  | | | |

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| 1. **Declaration and Consent** |

I am satisfied that the information contained within this form, as given by the applicant, is accurate.

Signed by Referring Agency Worker: …………………………………………………………..

Date: ……………………………..

I agree that the information contained in this form is true and accurate, I understand that the Rising Sun Charity reserves the right to repossess any accommodation obtained by deliberately withholding relevant information or providing false information.

I understand and agree that any personal information within this form may be used to assess my suitability for the accommodation and that it may also be used for subsequent support planning if I am accommodated.

I also agree to the Rising Sun Charity making contact with any agencies that I am currently working with and having sight of information that will have relevance to the resettlement process.

I also understand that all other information held about me or my family will remain confidential unless the following apply;

* We believe there to be a Child Protection Issue
* We believe you may be at risk to yourself or others
* You have committed a criminal offence
* We are required by law to disclose information, ssuch as under the Misuse of Drugs Act1971, or to prevent benefit fraud.

Signed by the Applicant: ……………………………………………………………….

Date: …………………………………

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| 1. **Data Protection** |

Thank you for taking the time to complete this referral.

We are subject to the Access to Records Act 1987 and the Data Protection Act 1984 in respect of computerised records. We will be required to disclose information held in respect of the applicant should the applicant request it unless certain limited exemptions apply.

Amongst the exemptions are:

* Where disclosure would be likely to carry a risk of serious harm, either physical or mental, to the individual or another individual, including staff or other professionals
* Where the release of the information would be likely to prejudice the prevention or detection of a crime
* Where information is restricted under the Medical Records Act or Access to Medical Records Act
* Where information is restricted by legislation in connection with adoption.

If you have any queries relating to how we store and manage your data, please contact us at [admin@risingsunkent.com](mailto:admin@risingsunkent.com) or visit our website: [www.risingsunkent.com](http://www.risingsunkent.com)

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| 1. **Office Information** | | | | | | | | | |
| Referral Accepted? | | | | Yes | No | |
| If yes: | | | | | | | | | |
| Has the client been informed? | | | | Yes | No | |
| Has the client accepted the offer? | | | | Yes | No | |
| Date of interview: |  | | | | | |
| If no, please tick the reasons: | | | | | | | | | |
| No history of DV | |  | Unable to manage risks | |  | Not homeless/ at risk of homelessness | | |  |
| Support needs too high | |  | No pregnancy/ baby | |  | Other | | |  |
| If other, please specify: | | | | | | | | | |
|  | | | | | | | | | |
| Have you made onward referrals/ signposted? | | | | Yes | No | |
| If yes, please specify: | | | | | | | | | |
| Social housing providers | |  | Private Housing | |  | | Mental Health Support |  | |
| Local Authority | |  | Social Services | |  | | Other |  | |
| If other, please specify: | | | | | | | | | |
|  | | | | | | | | | |
| Has the referring agency been informed? | | | | Yes | No | |
| Any other information: | | | | | | | | | |
|  | | | | | | | | | |