



INVESTOR IN PEOPLE



New Start Referral Form

24 Hour Support

Prospect Lodge
51 Prospect Vale
Fairfield
L6 8PF

Tel: 0151 280 2860
Fax: 0151 280 2860

Community Housing Scheme

49 Prospect Vale
Fairfield
L6 8PF

Tel: 0151 281 8808
Fax: 0151 291 5785
E-mail: chs@newstarhomes.org.uk



Supported Tenancies Scheme

49 Prospect Vale
Fairfield
L6 8PF

Tel: 0151 281 8808
Fax: 0151 291 5785
E-mail: info@newstarhomes.org.uk

Abstinence Based Scheme

9 Halkyn Avenue
L17 2AH

Tel: 0151 7351949
Fax: 0151 280 2860
E-mail: halkynhouse@newstarhomes.org.uk

Please tick the scheme you wish to apply for

Guidance Notes:

On completion of your Referral, please complete and send either by fax / e-mail or post to the relevant scheme. If you are unsure of which scheme to send to, please refer to the Supported Tenancies contact details and a member of staff will direct it to the appropriate service. On receipt of your Referral, a member of the Support Teams will evaluate this and make contact with you within 7 working days to provide you with an outcome.

Details of Referrer

Date Referral Made:

Name:

Position:

Organization:

Contact No.

E-mail Address:

Details of Referee

Name:

D.O.B:

Current Address:

Contact No.

Cultural Background:

Current Benefits:

Next of Kin

Name: Relationship to Referee:

Address: Contact No.

Referred Person's Identified Support Needs
(Please tick if applicable)

Older person with support needs []

Older Person with mental health issues []

Mental Health Issues []

Learning Disability []

Physical or Sensory Disability []

Alcohol Issues []

Drug Problems []

Offending or at risk of offending []

Domestic Violence Issues []

HIV / AIDS []

Rough Sleeper []

Traveller []

Complex Needs []

Other (please state below): []

Previous Accommodation Type
(Please tick if applicable)

Private Tenant []

Supported Housing []

Direct Access Hostel []

Sheltered Housing []

Hospital []

Prison []

Bed & Breakfast []

Staying with friends []

Living with family []

Any other temporary accommodation []

Rough Sleeper []

Approved Probation hostel []

Other (please state below): []

Please give details of where you have been residing for the last five years, you may wish to continue on a separate sheet:

Accommodation type: _____ Date Moved In: _____ Date Moved Out: _____

Reason for leaving: _____

Accommodation type: _____ Date Moved In: _____ Date Moved Out: _____

Reason for leaving: _____

Accommodation type: _____ Date Moved In: _____ Date Moved Out: _____

Reason for leaving: _____

Other Agencies Providing Support

Service Type: _____ Service Type: _____

Contact Details: _____ Contact Details: _____

Duration accessed Service: _____ Duration accessed Service: _____

Risk Assessment Information

Abuse / Harassment from others []	Known Risk to Children []	Self Care / Hygiene []
Accidental Harm []	Mental Health Concerns []	Self Harm []
Exploitation of others []	Offending / Risk of Offending []	Sexual Offending []
Hospitalisation []	Prescription Medication []	Tenancy Sustainment []
Financial Management []	Risk of being Exploited []	Violence to Known People []
Frailty / falls []	Risk of Financial Exploitation []	Violence to Public []
Independent Living Skills []	Risk to Staff working Alone []	Violence to Staff []

Please use this space to provide further detailed information if any of the risk assessment boxes above have been ticked:

Offending Behaviour

Does the referred person have a criminal history? Y [] N []

Details of Offence (s):

Outcome / Conviction:

Date (s) of Offence (s):

Does the referred person have any cases pending? Y [] N []

Details of Pending Case (s):

Accommodation Type

(Please indicate what property / tenancy required)

Shared Housing (communal living area with separate bedroom) [] Flat [] House []

How many people will be residing within the property?

Adults _____

Young people _____

Children _____

Are there any areas in which the client prefers / prefers not to be accommodated within?

Signatures

Referred Person:

Sign _____

Print _____

Date _____

Referred Agent:

Sign _____

Print _____

Date _____

Additional Details

Please use this sheet to elaborate on any information logged in the Referral form / any other details New Start should be made aware of.