

NWMM REFERRAL FORM

ALL SECTIONS MUST BE COMPLETED: FAILURE TO DO SO WILL SEE THIS DOCUMENT RETURNED

North West Methodist Mission

REFERRAL FORM

North West Methodist Mission (NWMM) provides housing related support (including support to settle in and/or sustain their home) within Londonderry.

TO BE ELIGIBLE FOR SERVICES THAT THE NWMM PROVIDE THE SERVICE USER MUST MEET THE FOLLOWING CRITERIA:

- The Service User is male;
- The Service User is 18 years of age or over;
- The Service User is either homeless or threatened with homelessness;
- The Service User has no history of extremely violent behaviour;
- The Service User is able to look after his own personal care needs;
- The Service User is not a schedule 1 offender (including pending offences);
- The Service User is not experiencing mental illness symptoms making him a risk to himself and/or others;
- The Service User is able to work with staff to enable his needs to be met.

The referral form must be completed by support agencies on behalf of the person being referred. In order for the referral to be accepted and assessed we require **ALL** questions to be fully completed. This is particularly important when completing the risk assessment section which **MUST** be completed by the referrer.

If any sections of the form are incomplete the referral will NOT be processed and the form will be returned to you for completion.

Individuals being referred must be made aware that there is a section within this referral form where we ask for the service users consent.

As the referrer you are required to obtain the service users signature in Section 6 & 7.

This allows the NWMM to contact relevant external agencies for further information if required and pass information on to the support providers we refer to. The information provided on this application form will be treated as strictly private and confidential.

North West Methodist Mission, Homeless Hostel, 19A Crawford Square, Londonderry, Northern Ireland, BT48 7HR – Telephone/Fax: 02871370090/ 02871309388 – Email: info@nwmm.co.uk

SECTION ONE – CORE INFORMATION						
Name		National Insurance Number			Gender	Male <input type="checkbox"/>
Date of Birth		Age	18 – 25 <input type="checkbox"/>	26 - 39 <input type="checkbox"/>	40 - 59 <input type="checkbox"/>	60+ <input type="checkbox"/>
Ethnicity		Citizenship	UK Citizen <input type="checkbox"/>	EEA Client <input type="checkbox"/>	Non-EEA Client <input type="checkbox"/>	
Current Address			Contact Number			
REFERRAL AGENCY DETAILS						
Referral Agency			Date of Referral			
Contact Person			Telephone			
Address of Referrer						
Email Address of Referrer						

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EMPLOYMENT DETAILS							
Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	Full-Time Work <input type="checkbox"/>	Part-Time Work <input type="checkbox"/>				
Long-Term Sick <input type="checkbox"/>	Government Training <input type="checkbox"/>	Student <input type="checkbox"/>	Not Seeking Work <input type="checkbox"/>				
SOURCE OF INCOME							
Are you in receipt of any benefits or income? <small>(weekly, fortnightly, monthly)</small>	Income Support	ESA	JSA	DLA	Pension	Housing Benefit	Other
	£.....	£.....	£.....	£.....	£.....	£.....	£.....
	W/F/M	W/F/M	W/F/M	W/F/M	W/F/M	W/F/M	W/F/M
Location of Benefits Office				Date of Last Payment			
Priority Debt	Outstanding to:	Amount: £.....	Paid into:	Post Office <input type="checkbox"/>	Bank Account <input type="checkbox"/>	Other <input type="checkbox"/>	
Non-Priority Debt	Outstanding to:	Amount: £.....	Do you have any difficulties relating to money management?				
SECTION TWO – HOUSING SITUATION							
What is the Service User's current housing situation? Please select from the options below;							
Sofa surfing – with friends or relatives <input type="checkbox"/>	Rough Sleeping <input type="checkbox"/>	Problems with current accommodation e.g. disrepair, rent issues <input type="checkbox"/>	Threatened with homelessness e.g. asked to leave home, notice served by landlord <input type="checkbox"/>	Housing Association Tenant <input type="checkbox"/>			
Local Authority tenant <input type="checkbox"/>	Living in supported accommodation <input type="checkbox"/>	Living in emergency accommodation e.g. hostel/refuge <input type="checkbox"/>	Private rented tenant <input type="checkbox"/>	Owner occupier <input type="checkbox"/>			
Leaving prison (detail date of release) <input type="checkbox"/>	Leaving Hospital /residential care (detail discharge date) <input type="checkbox"/>	Temporary accommodation provided by LA <input type="checkbox"/>	Living in approved premises (Bail Hostel) <input type="checkbox"/>	Fleeing violence/safety issues <input type="checkbox"/>			
Other (Please elaborate)				Registered with the NIHE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Accommodation History (Last Five Years if Possible)							
Date from	Date to	Type & Location of Accommodation	Reason for Leaving i.e. eviction, family breakdown, discharge etc				

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SECTION THREE – SUPPORT REQUIRED			
Please indicate below if what level of support the applicant would require in the following areas;	LOW	MEDIUM	HIGH
Developing budgeting skills			
Managing debt			
Support to access/claim welfare benefits			
Developing skills to complete forms			
Developing skills to undertake domestic/household tasks			
Basic skills (numeracy/literacy)			
Accessing further education			
Opportunities for paid employment			
Accessing community, social, leisure activities			
Accessing faith and cultural networks			
Other <i>(please provide further information)</i>			
HEALTH AND WELFARE			
Is the applicant registered with a GP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GP & Address of Surgery
Does the Service User have any physical health issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide details of any conditions and prescribed medication/treatment plan;
Does the Service User have any blood born Virus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide details;
MENTAL HEALTH			
Does the Service User have any mental health issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details;
Is there been any conditions diagnosed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please state the diagnosis;
Is the Service User currently receiving any medication and/or treatment for mental health difficulties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide details <i>(date, place reason)</i> ;
Has the Service User ever been admitted for psychiatric treatment under the Mental Health Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide details <i>(date, place reason)</i> ;
Does the Service User have any history of self harm or attempted suicide?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide details <i>(dates, means, trigger, influence of substance etc)</i> ;

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ADDITION HISTORY				
Does the Service User need assistance with drugs and/or alcohol?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
If YES please provide details below;				
<u>Substance Used</u>	<u>Amount Used</u>	<u>How Often</u>	<u>Method of Use</u> (e.g. inject, oral etc)	<u>History of Use</u>
Is the Service User considering undergoing a detox programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details (dates, timescales, agency involvement etc);	
LEGAL SITUATION				
Has the Service User ever been convicted of a serious violent offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide further details;	
Has the Service User ever been convicted of an Arson offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide further details;	
Has the Service User ever been convicted of a sexual offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide further details;	
Any warrants outstanding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide further details;	
Is the Service User on Bail, Supervision Order or due to appear in court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES bail conditions MUST be attached;	
Is the Service User registered with probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please provide further details (name of probation officer);	
Can you provide details of any current or outstanding			Prison Number <i>(if applicable)</i>	

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charges or sentences you are serving, be sure to include dates of outstanding cases or release etc.		Release Date (if applicable)	
SECTION 4 – RISK ASSESSMENT			
When completing this please consider whether any risk applies to the service user, others and from others.			
LOW: Minimal	MEDIUM: Significant but Stable		HIGH: Significant & Volatile
Risk of Harm to Others (Violence & Abuse)	Yes	No	LOW MEDIUM HIGH
1. Current behaviour/demeanour is threatening or abusive			
2. Previous incidents of violence or physical aggression			
3. Expressing intent to harm others			
4. Evidence of intent to harm others (e.g. keeps weapons)			
5. Poor engagement with services and/or concern expressed by others			
6. Poor engagement with care/support plan			
7. History of drug/alcohol misuse			
Risk of Harm to Others (Violence & Abuse)	Yes	No	LOW MEDIUM HIGH
8. Custodial sentences or arrest for violent behaviour			
9. Previous history of abusing others			
10. Close associates known to be aggressive			
Risk of Harm to Others (Sexual Offences)	Yes	No	LOW MEDIUM HIGH
11. Previous History of Offending or Sexual Inappropriate Behaviour			
Risk of Self-Harm/ Suicide	Yes	No	LOW MEDIUM HIGH
12. Current suicidal thoughts			
13. Current self-harming behaviour			
14. Feelings of Hopelessness/ Helplessness/Loss of Control/ Isolation			
15. Recent Significant Life Events			
16. Alcohol Use			
17. Drug use			
18. Poor engagement with statutory services/concern expressed by others			
19. Previous self-harming behaviour			
20. Previous suicidal thoughts			
21. Mental Health issues			
Risk of Damage to Property	Yes	No	LOW MEDIUM HIGH
1. History of Arson			

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2. History of Vandalism or significant damage to buildings						
SECTION 5 – CONTACT ADDRESSES						
Next of Kin	Name					
	Address					
	Telephone Number					
Doctor &/or Psychiatrist	Name					
	Address					
	Telephone Number					
Solicitor <i>(If applicable)</i>	Name					
	Address					
	Telephone Number					
Probation Officer <i>(If applicable)</i>	Name					
	Address					
	Telephone Number					
Addiction Worker <i>(If applicable)</i>	Name					
	Address					
	Telephone Number					
CPN <i>(If applicable)</i>	Name					
	Address					
	Telephone Number					
Any Other Agency Contact <i>(If applicable)</i>	Name					
	Address					
	Telephone Number					
Any Other	Name					

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Agency Contact <i>(If applicable)</i>		
	Address	
	Telephone Number	

SECTION 6 – PRE-ADMISSION AGREEMENT

I, the undersigned, agree to the conditions listed below and understand that failure to comply with them, may delay my admission to Apex Hostel Accommodation.

I understand that I am required to pay the weekly service charge that applies to this Hostel, and that I may be asked to leave if this falls into arrears.

I understand that there are restrictions upon receiving visitors.

I understand that Apex Housing Association Ltd has no obligation to reimburse me for any property and/or money which may go missing during my stay in the project, or if I choose to leave.

I understand that I will be expected to actively participate in the decisions regarding operation of the scheme.

I am aware that I will be required to sign a Licence Agreement on admission to the scheme which will outline the sharing agreement and expectations during my stay.

PLEASE NOTE: Apex Hostel Accommodation is covered by the Electricity at Work Regulations Act (1988), and any electrical equipment brought in by residents must comply.

Signed	Date
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SECTION 7 – INTERAGENCY CONSENT TO SHARE

It has been explained to me that information about me such as health, welfare and housing needs may need to be shared between different agencies in order to help me access appropriate services.

I understand that any information divulged will not be shared outside the authorised organisations, unless there is an identified risk to yourself, others or property.

<u>Benefits Agency/Voluntary Welfare Advice Services</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Employment & Education Service Providers</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Your GP/ Health Services</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Mental Health Services</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Voluntary & Statutory Drug & Alcohol Agencies</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Probation/G4S/PSNI</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Your Local Authority Housing Advice Team/ NIHE/ Housing Associations/ Voluntary Housing Support Agencies/ Private Landlords</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I give my consent for North West Methodist Mission to obtain written and/or verbal information about me to assist in the assessment of my suitability for a place within North West Methodist Mission Homeless Hostel.

Signed	Date
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Once you have completed this form, please return it to the address below;

Michael Mc Caul
Homeless Services Manager
North West Methodist Mission
Homeless Hostel
19A Crawford Square
Derry/Londonderry
BT48 7HR