CHARTER
Recovery Housing

Referral Form

A detailed assessment of the support required is important to ensure that the level of support that is available is going to be right for someone before they are offered accommodation.

To be offered accommodation the applicant should be able to demonstrate:

- That they are vulnerable and require support
- That the support that they require can safely be met by the support that is available
- That they have the right to remain in UK
- That they have (or will have) sufficient income to afford the property

Referring Agency Details

Date of Referral	
Referral Agency Name	
Contact Name	
Telephone Number	
Email	
How long have you been working with this individual?	

Client Details (Failure to disclose any information may result in the client being refused)

Name	
Date of Birth	
Contact Telephone Number	
How long has your client been homeless?	
Tell us about their housing history — what was the reason for them leaving their last settled base? Have they ever been evicted? If so, what were the circumstances?	
Are they in receipt of benefits? If so, which benefits?	
Have they ever had any involvement with the police? Have they had any convictions? If so, what and when?	

Health and Wellbeing

Do they have any mental health problems? If so, are they taking any medication or receiving any treatment?
Do they have any physical health problems? If so, are they taking any medication or receiving any treatment?
What is their current alcohol / substance use? Please include details of amounts, route of administration, opiate substitute medication and any information regarding the circumstances of previous periods of abstinence.

Risk Assessment

Please give as much information as possible regarding circumstances and time frames to support us in managing risk as effectively as possible.

Is your client at risk of harm to self? Factors which make the client vulnerable e.g. self harm, suicidal ideation.	**Level: High / Medium / Low**
Give Reason(s)	
Is your client at risk of harm to others? Factors that put others at risk from the clients actions or behaviour.	**Level: High / Medium / Low**
Give Reason(s)	

Partnership Working

Please state what support your organisation can continue to offer this client if they are accepted into accommodation, if any?			
Does your organisation offer any of the following support groups or workshops? If yes, please provide details below?			
Recovery (drugs and / or alcohol)	☐ Yes ☐ No	**Sustaining Tenancy**	☐ Yes ☐ No
Health and Wellbeing	☐ Yes ☐ No	**Volunteering**	☐ Yes ☐ No
Mental Health	☐ Yes ☐ No	**Other — Please state**	
Welfare, Benefits and Employment	☐ Yes ☐ No		

Print name (agency staff)	
Signed by (agency staff)	
Date	

Consent Form – Safer Estate Check

Client Consent

Northumbria police and Charter Recovery Housing have an information sharing agreement to facilitate exchange of information for the purpose of safeguarding staff and other residents housed within the organisation.

I understand the purpose of the Safer Estates Check and have had the opportunity to ask questions about what the check will involve.

I understand that information obtained as part of the check will be used by Charter Recovery Housing to assess risk and determine whether appropriate accommodation and support arrangements can be offered and put in place.

I understand that information will be handled in accordance with applicable data protection, confidentiality, safeguarding and information-sharing requirements.

Consent to Police Information Check

I confirm that the purpose of the Safer Estates Police Check has been explained to me and that I have had the opportunity to ask relevant questions.

I consent to the relevant checks being undertaken and to relevant information being obtained and considered for the purpose of assessing the safety and suitability of accommodation on my behalf.

I confirm that:

- I have read and understood the information above;
- The purpose of the Safer Estates Police Check has been explained to me;
- I have had the opportunity to ask questions;
- I understand how the information may be used;
- I understand that the check is intended to support a safe and appropriate accommodation decision;
- I give my consent for the check to be undertaken for the purpose described above.

Client Name	
Client Signature	Date

Should physical consent not be possible please sign below to confirm verbal consent has been provided and the above information has been given in full.

Staff Name	
Staff Role	Date