**SUPPORTED LODGINGS REFERRAL FORM**

**SECTION ONE – GENERAL DETAILS**

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| **Young Person’s Name** |  | **Date of Birth** |  |
| **Young Person’s Contact Number** |  | **Gender** |  |
| **Sexuality** |  | **Ethnicity** |  | **Religion** |  |
| **NI Number** |  | **Email address of young person** |  |
| **Current Address and postcode** |  |
| **Pet/Animal Allergies/Preference** |  |
| **Allergies/ Dietary Requirements** |  |
| **Is the young person in receipt of Universal Credit** |  |
| **Referrer’s Name** |  | **Agency** |  |
| **Referrer’s Contact Number** |  | **In what capacity do you know the applicant** |  |
| **Why does the applicant require Supported Lodgings?**  |
| **Is the applicant in employment, education or training? (If yes, please state details)**  |
| **Consent (Please confirm that the Young Person has consented to this referral. If consent has not been given we are unable to accept this referral)** **Yes / No**  |

**SECTION TWO – RISK ASSESMENT**

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| **Please answer the following questions:** | **YES** | **NO** |
| Does the applicant have any medical conditions? |  |  |
| H Has the applicant been convicted of any crime or been involved in criminal activity? |  |  |
| Has the applicant ever misused alcohol? |  |  |
| Has the applicant ever misused drugs? |  |  |
| Are you aware of any anti-social behaviour? |  |  |
| Does the applicant have any mental health issues? |  |  |
| Has the applicant ever attempted/threatened suicide or self-harmed? |  |  |
| Does the applicant have any problems with reliability? |  |  |
| Does the applicant have any problems handling money? |  |  |
| Does the applicant have any problems meeting people? |  |  |
| Has the applicant even been charged/involved in Arson? |  |  |
| Is the applicant at risk from other people? |  |  |
| Does the applicant pose a risk to themselves? |  |  |
| Does the applicant pose a risk to others? |  |  |
| Does the applicant pose a risk to property? |  |  |
| Has the applicant ever harmed other people or animals? |  |  |
| Has the applicant ever been reported to the Police as missing or failed to return home on time? |  |  |
| Has the applicant ever been the victim of abuse? |  |  |

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| **If the answer to any of the above questions are ‘YES’, please provide more details below** |
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**SECTION 3 – ADDITIONAL INFORMATION**

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| **Please provide details of other professionals involved (For example, Social Worker, YOT, School/College)** |
| **Name** | **Role** | **Contact Details****(Please provide a contact telephone number and email address)** | **Previous or Current Involvement** |
|  |  |  |  |
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|  |  |  |  |
| **Please describe below any specific concerns or significant information relating to the applicant** |
|  |
| **Please provide a list of known acquaintances and/or locations that the applicant regularly visits** |
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**SECTION 4- HOST SELECTION**

**This Project places Young People in the homes of Host families. These homes sometimes include children and pets. Unless stated below, by completing this form you are stating that, in your opinion, this Young Person is suitable to be placed in such family environments. If family homes are not deemed appropriate, or if YMCA North Staffordshire needs to avoid placements in a particular areas or with particular individuals, please advise us of the circumstances and reasons below, so that we can take this information into account when matching with a Host.**

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**SECTION 5 – DISCLAIMER/ LIABILITY FOR LOSS AND PAYMENT INFORMATION**

By signing this disclaimer you are confirming that all information provided on this form is correct and no material facts have been withheld. In the event that adverse information is later discovered, which has not previously been explained to YMCA North Staffordshire, then YMCA North Staffordshire reserve the right to end the placement with immediate effect. Additionally, in these circumstances, the referring agency may be liable for covering the cost of supported lodgings and self-rent payments if young person is not in receipt of any benefits. You may also be liable for any cost incurred by the Host in respect of damage or loss. Invoices are issued weekly.

**SECTION 6 – PLEASE ENSURE YOU SIGN AND DATE THIS REFERRAL FORM**

Name:

Signed:

Team/Department (Pls distinguish between Adult or Children’s services):

Date: