**** Registered Office: Office 4, 4 Meal Market, Hexham,

 Northumberland, NE46 1N

 Tel: Office 01434 600051 Accommodation: 01434 601300

 stopgapinhexham@btinternet.com

 Company No: 06944944, Charity No: 1138615

**Gap Supported Housing Referral Form**

**Accommodation Service**

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| **Name of Applicant:**  |  |

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| **Personal Details** |
| Age:  |  | Date of Birth:  |  |
| NI Number:  |  | Nationality:  |  |
| Gender:  |  | Marital Status:  |  |

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| **Contact Details** |
| Last / Present Address:  |
| Contact Telephone Number:  |  |
| Referral Agency Contact Name & Number:  |
| Does the applicant have a Personal Housing Plan (PHP)?Yes / No / Not Known Ref No of PHP if applicable:If no, please give details: |

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| **Current Circumstances** |
| What is the applicant’s current housing situation (eg staying with family / friends, private / social tenant / rough sleeping)? |
| Does the applicant have any links within the area eg family / friends / work? **Yes / No** (Please give details) |
| Please give brief details on reason for referral: |
| Is applicant currently in employment? (please delete as appropriate) **Yes / No** |
| Which benefit, if any, is applicant in receipt of? |

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| **Housing Details** |
| If existing tenant, please state length of tenancy. |
| Please provide a brief housing history eg Transfer, Disputes, Concerns, etc |
| Does the applicant have specific requirements relating to culture, religion, gender, disability or other? |
| Does the applicant have a history of violent or other behaviours likely to cause risk to self or others? (see also offending history) |

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| **Support Needs (please highlight any or all that apply)** |
| Income / Benefit | Paying Rent / Bills | Debt / Budgeting | Alcohol Misuse  |
| Harassment | Household Tasks | Social Isolation | Nuisance |
| Learning Difficulty | Substance Misuse | Physical Health | Mental Health |
| Offending | Employment | Homeless | Threatened Homeless |
| Other (Please Specify) |
| Are there any other agencies involved in support of the individual? Please give details: |

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| **Medical Information** |
| Is applicant currently receiving medical treatment or on any medication that may affect housing / support needs **Yes / No** |
| If yes, please give details |
| Is applicant registered with a GP **Yes / No** |
| If yes, please give details |
| **Offending** **History** |
| Has applicant been convicted of an offence against a minor? **Yes / No** |
| Has applicant been convicted of any arson related offence? **Yes / No** |
| Has the applicant ever had a criminal conviction **Yes / No***(Please note that having a record will not automatically adversely affect your application)* |
| If yes, please give full details on nature of the offence, dates and the outcome |
| Is applicant currently on probation? **Yes / No** |
| If yes, please give contact details of their probation officer |
| Is there any other information on the applicant that you believe we should be made aware of? |

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| **Please confirm the following** |
| Applicant has received a copy of ‘About Gap Supported Housing’ **Yes / No** |
| If No, please state reason |
| Applicant has been advised of rules regarding illegal substances, alcohol and the possession of offensive weapons **Yes / No** |
| If No, please state reason |

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| Completed By: |  | Position: |  |
| Signed: |  | Date: |  |
| Please note, applicant **MUST** sign referral form |
| **Applicant: By signing this referral form you confirm that the information provided is correct, you understand that any false statement may affect the application for accommodation and you consent to our requesting a Police Safer Estates Check as part of the referral process.** |
| Signed: |  | Date: |  |
| **Consent****Agency Involved: Please could you sign below to confirm that the above information is accurate to the best of your knowledge. Failure to disclose information may affect the application. Agencies may share information with other organisations; however, this will be done in the strictest of confidence. The project staff will use the information which you have provided and any additional information, for internal purposes, exception to this would be, if, in our view, the interests of public protection took priority.** |
| **Signed:** |  | **Dated:** |  |
| **Organisation name:** |  |

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| **For Office Use Only:** |
| Is the information provided and the assessed risk acceptable **Yes / No** |
| If no and further information is required, please complete risk assessment |
| Risk Assessment Completed by: Date: |
| Applicant accepted onto service **Yes / No** |
| If no, please state reasons why |

***Please return completed referral form and risk assessment to:***

 ***Post: Project Manager, Links House, Haugh Lane, Hexham, Northumberland, NE46 3PT***

***Tel: 01434 601300***

***e-mail: stopgapinhexham@btinternet.com***