



Transom Trust Referral Form

Location of Property: TBC

Name of person being referred:	
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Introduction

Transom Trust offers supported living to those who come from a background of homelessness or unstable housing. We work closely with individuals to build them towards healthy independence and greater confidence for their futures at a pace they can manage. We expect our residents to have support needs and to be on a low income.

Residents are accommodated under a licence agreement, a key feature of which is their engagement with our support, including the acceptance of voluntary work, arranged through our partnerships with local social enterprises. We will help residents to access job and training opportunities and offer low-level support on gaining life skills, financial management and family matters.

Please Note

1. One of our recognised referral agencies must use this form to make a referral.
2. Self-referrals are not accepted.
3. Information sharing by the referral agency is essential for a successful referral.
4. Where available, the referring agency should forward any full risk-assessment and pathway plan relating to the person being referred.
5. We cannot interview anyone for supported housing and assess their needs (through our needs assessment) without first having received a fully completed referral form.

Referral Criteria

To refer a person to us for supported accommodation they MUST meet the following criteria:

1. Male
2. Eligible to receive Housing Benefit
3. Minimum Age: **25** years
4. Maximum Age: **60**years
5. Have support needs
6. Willing to receive the pastoral support we offer
7. Willing to engage in 'meaningful activity' (such as voluntary work)
8. Must be willing to abide by the house rules and regulations
9. Those with active substance (drug and/or alcohol) addiction must be willing to engage in recovery process
10. Must not have a conviction for arson
11. Must not be on the sex offenders register
12. Priority will be given to those who are homeless but are not owed a duty by the local authority
13. No pets

Please make sure you fill out this form fully with detail.

This form will not be accepted if there is not adequate information.

This form must have typed answers – handwritten forms will not be accepted

All referral forms to be emailed to: transomtrust@outlook.com

DETAILS OF THE REFERRING AGENCY

Date of referral	
Name of agency	
Contact name from referral agency	
Address	
Office telephone number	
Mobile telephone number	
Email	
Nature of relationship with person you are referring?	
How long have you known the person you are referring?	
How did you meet the person you are referring?	

CLIENT'S DETAILS

Full Name	
Gender	
Nationality	
Age	
Date of Birth	
National Insurance Number	
Marital Status	
Which bank do you bank with	
Current address	
Telephone Number	
Registered with a Doctor? (if so which one)	
Registered with a Dentist? (if so which one)	
Registered with an Optician? (if so which one)	
Are they registered on the Local Authority Housing List for permanent accommodation? Yes or No	
What is the name & contact details for their Local Authority Housing Officer (if this is different from the Referral Agency contact above)	

IDENTIFICATION

Circle which of the following the applicant has in their possession:

Birth Certificate, Marriage Certificate, Driving Licence, Passport, Medical Card

REASON FOR REFERRAL

(Please include reasons for leaving current address and any relevant information)

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PROFILE OF CLIENT Is the person subject to any of the following?	Yes or No	Details is answer is Yes
Care Order Section 31		
Section 20 Accommodated		
Section 17 Funded		
ASBO		
Supervision Order		
Community Rehabilitation Order		
Mappa Involvement		
PPU Involvement		

PRISON SENTENCES Please detail any sentences below	Start & End Date	Reason for imprisonment

FAMILY HISTORY/BACKGROUND

Please detail below

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PERSONAL SITUATION/CARE HISTORY

Please detail below

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EX-SERVICEMEN

If the person had served in the military, please provide brief details, including: Service Number; whether they are receiving an Armed Forces pension; whether they are registered with, or receiving help from SSAFA; and brief details of any trauma they experienced, and the related treatment they are receiving.

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EMPLOYMENT		Details
What is his or her profession/s?		
Date of last employment:		
Company name of last employer:		
IS THE CLIENT CURRENTLY?	Yes/No	Details
In full-time work		
In part-time work		
Unemployed		
Undertaking voluntary work		
IS THE CLIENT CURRENTLY?		
In higher education		
In further education		
Undertaking a training course		
An apprentice		

EMPLOYMENT SITUATION

Please give any further detail below. If the person is working, please give details of the last 4 wage slips (dates and net earnings) as Transom Trust need to calculate their Housing Benefit entitlement. (This will inform their rent and whether they can afford to live in our supported accommodation).

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FINANCE - is he/she	Yes/No	Details
Local authority fully funded		
Self-directed support funding		
Receiving ESA/JSA		
Receiving DLA		
Receiving other benefits		
How much income does the person receive each week and from where?		
Is he/she in debt and how much is owed		

PHYSICAL HEALTH	Yes or No	If yes please give detail
Lack of self-care		
Recent hospitalisation		
Mobility problems		

MEDICAL CONDITIONS

i.e. experience of seizures/ epilepsy, diabetes, overdosing, hepatitis, HIV, etc.....

Taking medication? Yes No - If yes please list what medication he/she is taking

SUBSTANCE MISUSE

Details of any substance misuse (drugs or alcohol). Include past and present usage, details of any rehab or detox attended, and any ongoing support being received.

HOUSING HISTORY

Has the person ever squatted? If so, where and when?

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Where did the person sleep last night?

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Please list last five addresses (full address):

Full Address	Type of Housing	Start Date	End Date	Reason for Leaving

Is there a history of difficulties regarding previous tenancies?

Category	LOW	MEDIUM	HIGH
Rent Arrears			
Behaviour of friends			
Neighbour disputes			
Anti-social behaviour			
Evictions			
Harassment			
Other			

If any identified, please give further details

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SUPPORT

In which of the following areas is support required? If the answer is N to most this is not the appropriate accommodation

Health	Y/N	Making and sustaining relationships	
Mental health issues		Parenting skills	
Emotional support		Gaining access to other services	
General health and well-being		Daily living skills – shopping, housework etc	
Substance misuse issues		Make a Positive Contribution	Y/N
Sexual health		Accessing community organisations	
Healthy lifestyle		Maintaining accommodation	
Safety	Y/N	Promoting citizenship	
Domestic abuse concerns		Transitioning into independence	
Personal safety and security		Enjoy Economic Well-being	Y/N
Offending / risk taking behaviour		Homelessness issues	
Social skills/behaviour management		Finding furniture/accessing grants	
Safeguarding concerns		Finance/debt/budget management	
Other please detail to the right			

LIFE SKILLS

Has the person ever lived independently? If so please give details

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What skills will (s)he need assistance with whilst at the accommodation?

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In your opinion, why do they want to live in this accommodation and how can it help them?

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RISK ASSESSMENT

NB: This Section MUST be completed

Please use the following definitions to answer the questions:

LOW	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.
MEDIUM	More frequent/regular incidents and/or of a more significant nature
HIGH	Likely, severe or significant

RISK TO OTHERS

Does the applicant have a history/is there a risk of any of the following violent offences/incidents to others:

Category	LOW	MEDIUM	HIGH
Physically abusive			
Threatening/challenging behaviour			
Feeling annoyed a lot of the time			
“Flying off the handle”			
Feeling aggressive and out of control			
Reactions do not match the situation i.e. getting very angry over minor issues			
Lack of remorse or regret			
Making serious false allegations			
Mentally abusive			
Sexually abusive			
Racially abusive			
Verbally abusive			
Theft			
Damage to property			

Arson			
Other types of offending behaviour			

Describe below potential triggers and who is at risk:

RISK TO SELF Is there a history of or current risk of any of the following?			
Category	LOW	MEDIUM	HIGH
Suicidal thoughts or attempts			
Self-harm			
Burning or cutting of skin			
Physical abuse of own body			
Eating disorders			
Accidental overdose			
Misuse of/non-compliance with medication			
Abuse from others			
Vulnerability			
Learning difficulties			
Immaturity			
Difficulty Socialising			
Mental health Issues			
Problems with eating or sleeping			
Isolation, withdrawing from people			
Feelings of hopelessness			
Self-neglect			
Feeling agitated, paranoid or unpredictable			
Feeling very high or low			
Current or previously diagnosed mental health problem			

Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause			
Behaving in a way that others feel is inappropriate e.g. sexually disinhibited			
Feeling obsessed with violent videos, written materials or weapons			
Substance misuse			

Describe below potential triggers and who is at risk:

OTHER SERVICES INVOLVED WITH THIS PERSON		
Name of Agency	Frequency	Purpose

Referral Agency support

As the referring agency how will you support the person while they are resident at the accommodation?

Contact Arrangements

Will the person have contact with family and friends? If so give details:

Identity

Are there any other issues regarding this person's identity that we should be aware of?

Any Other information. Please include any needs that should be brought to our attention

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Included	
Full risk assessment	<input type="checkbox"/>
Pathway plan	<input type="checkbox"/>

Referral Agency Declaration

I confirm that any support by my agency will be ongoing during the applicant’s stay at the accommodation. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at the accommodation if their application is successful.

Print Name: Signature:.....

Name of Referral Agency: Position:

Declaration of person wanting to access Transom Trust supported accommodation

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to Transom Trust where necessary.

I also agree that Transom Trust may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Print Name

Signature

Date.....