



## Transom Trust Referral Form (March 2026)

Location of Property: To be confirmed

<b>Name of person being referred</b>	
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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 & 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 organisations. We will help residents to access job & training opportunities, & we offer, or co-ordinate support from others, on gaining life skills, financial management & 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 or Female
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. Willing to abide by the house rules and regulations
9. Must not have an active substance addiction (drug and/or alcohol)
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
14. Be willing to engage in activities & training that improve their employability skills to help them secure employment
15. Need to recognise that progressing to independent living will be achieved by securing employment.

**Please make sure you fill out this form in full.**  
**This form will not be accepted if there is not adequate information.**  
***This form must have typed answers – handwritten forms cannot be accepted***  
**All referral forms to be emailed to: [ransomtrust@outlook.com](mailto:ransomtrust@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**

Please **highlight** which of the following the applicant has in their possession:

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

**NEXT OF KIN**

<b>Name</b>	
<b>Relationship to Referral</b>	
<b>Address</b>	
<b>E-mail</b>	
<b>Landline</b>	
<b>Mobile</b>	

**OVERALL REASON FOR REFERRAL**

(Please include reasons for leaving current address and any summarise what support is needed)

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<b>CLIENT PROFILE</b> – are they subject to any of the following?	<b>Yes or No</b>	<b>Details if answer is Yes</b>
Care Order Section 31		
Section 20 Accommodated		
Section 17 Funded		
ASBO		
Supervision Order		
Community Rehabilitation Order		
Mappa Involvement		
PPU Involvement		

<b>PRISON SENTENCES</b> Please detail any sentences below	<b>Start date</b>	<b>End date</b>	<b>Reason</b>

Has the referral a current or pending conviction for arson? YES/NO\*

Is the referral on the sex offenders register? YES/NO\*

**PETS**

Has the referral any pets? YES/NO\*

If YES, please state the type of pet & whether the referral wants the pet to live with them?

**FAMILY HISTORY/BACKGROUND/CARE HISTORY - Please summarise below**

**HEALTH HISTORY – MENTAL & PHYSICAL - Please summarise below**

**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; & brief details of any trauma they experienced, & the related treatment they are receiving.

<b>EMPLOYMENT</b>		<b>Details</b>
What is his or her profession/s?		
Date of last employment		
Last employer – company name		
<b>IS THE CLIENT CURRENTLY?</b>	<b>Yes/No</b>	<b>Details</b>
In full-time work		
In part-time work		
Unemployed		
Undertaking voluntary work		
<b>IS THE CLIENT CURRENTLY?</b>	<b>Yes/No</b>	<b>Details</b>
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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<b>FINANCE - is he/she</b>	<b>Yes/No</b>	<b>Details</b>
Local authority fully funded		
Self-directed support funding		
Receiving Benefits? If so, which benefits & how much per month?		
How much other income does the person receive each month and from where?		
Is he/she in debt and how much is owed?		

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

**MEDICAL CONDITIONS**

<b>Type – epilepsy/seizures, diabetes, hepatitis, HIV, etc</b>	<b>Medication taken</b>

**SUBSTANCE MISUSE**

Please provide details of any: past substance misuse; ongoing rehab/recovery/de-tox process they are involved with; & ongoing support they are getting from related agencies.

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**HOUSING HISTORY - Please list all full addresses over last 5 years**

Full Address	Type of Housing (inc sofa-surfing & squatting)	Start Date	End Date	Reason for Leaving

Is there a history of difficulties regarding previous tenancies?

Category	Low	Medium	High	Reason for Medium or High
Rent Arrears				
Behaviour of friends				
Neighbour disputes				
Anti-social behaviour				
Evictions				
Harassment				
Other				

**LIFE SKILLS**

Has the person ever lived independently?

YES/NO\*

Please summarise the life skills they have already demonstrated?

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**SUMMARY OF NEEDS AND SUPPORT NEEDED**

Type of need	Yes or No	One specific example of support needed to address the need
1 General counselling & support		
2 Daily life skills including shopping & housework		
3 Maintaining accommodation via a licence agreement		
4 Gaining access to other community/support services		
5 Emotional/Mental health		
6 Physical Health including lifestyle and well being		
7 Alcohol and Substance misuse		
8 Family problems		
9 Other relationship issues		
10 Money management and debt		
11 Confidence/self-esteem		
12 Educational issues		
13 Employment/employability issues		
14 Leaving care issues		
15 Bereavement		
16 Offending/Probation issues		
17 Personal safety & security - Risk of abuse and exploitation		
18 Learning difficulties		
19 Disability or mobility		
20 Language or Communication		
21 Moving on to independent living – accessing grants etc		

<b>22 Hygiene and self-care routines</b>		
<b>23 Completing forms</b>		
<b>24 Keeping appointments</b>		
<b>25 Anger management and conflict resolution issues</b>		
<b>Total Yes out of 25</b>		

### RISK ASSESSMENT

Please use the following definitions to answer the questions:

<b>Low</b>	Isolated or occasional instances of non-significant incidents &/or a low potential of incidents occurring or recurring.
<b>Medium</b>	More frequent/regular incidents &/or of a more significant nature
<b>High</b>	Likely, severe or significant

### RISK TO OTHERS

Does the client have a history/is there a risk of any of the following violent offences/incidents *to* others?

Category	Low	Medium	High	Reason for Medium or High with triggers
Physically abusive				
Threatening/challenging behaviour				
Feeling annoyed a lot of the time				
“Flying off the handle”				
Feeling aggressive & out of control				
Reactions do not match the situation (ie: 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				

### RISK TO SELF

Is there a history of or current risk of any of the following?

Category	Low	Medium	High	Reason for Medium or High with triggers
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 (eg: sexually disinhibited)				
Feeling obsessed with violent videos, written materials or weapons				
Substance misuse				

**REFERRAL AGENCY SUPPORT**

As the Referring Agency, will you continue to support the client while they are with Transom Trust?

YES/NO\*

If YES, please summarise your ongoing support

**Please attach as copy of any Full Risk Assessment or Pathway Plan you have for the client**

**OTHER SUPPORT SERVICES INVOLVED WITH THE CLIENT**

Name of Agency	Frequency (eg: weekly?)	Formal Support Plan in place? Yes or No	Summarise support received

**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. I understand that if relevant information has not been disclosed, it may jeopardise the client 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 appropriate and relevant agencies or workers for

further information and that relevant information can be shared with those agencies where necessary. “Appropriate and relevant” agencies or workers mean those agencies or workers who are engaged with the support services you need to progress towards independent living. Full details of why and how Transom Trust share your information is set out in the Transom Trust Supported Housing licence, and also in the Trust’s GDPR policy.

Print Name .....

Signature .....

Date.....