

The Peasholme Resettlement Centre

It is expected that this form will outline the work that has been undertaken with the applicant by the referrer and other agencies, their aspirations and goals for the future and how the centre could support them in achieving them.

Customer Details	
Applicant's name:	Date of Birth:
Alias:	
Contact Address:	
Contact telephone number:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
National Insurance No:	Date of referral:

Referring Agency Details	
Contact name of referrer:	
Phone Number:	Email:
Address:	
Length of time working with applicant:	

Local Connection
Do they have a local connection?
Did you use the Local Connection Assessment Form?
Please enclose a copy of the L.C.A. form if used.
If L.C.A. form not used, please give details:

Current circumstances (including current accommodation – provide contact address, occupation of time and contact with other support agencies)

Additional support package details

Will additional support be provided by any other agency? (please give details of all contact details and details of support on offer)

Contact name:

Position held:

Contact phone number and address:

Housing History

Please tell us where they have lived for the past 5 years in as much detail as possible. Under the heading **type of accommodation** please state landlord and housing status (e.g. City of York Council/Housing Association/Private Rented Sector Tenant/ Friends House/Lodger).

Dates from/until	Address	Type of accommodation	Reasons for Leaving

We will expect a complete housing history, should this not be provided then it will make the referral void.

Please give details of support work undertaken with the applicant using the following headings, including areas covered in keywork.

Goals and aspirations (include details of the long term goals of the applicant and how the centre may support them in achieving them)

Tenancy issues (including previous experience of tenancies, completed housing application and status in relation to housing list, details of work undertaken through keywork and groupwork, include any areas of further support required and also how resettlement services can meet these needs)

Money Management Skills (including any issues of debts and repayments, current benefit entitlements, budgeting work undertaken through keyworking and any areas of further support required)

Social Needs (including any details of employment training, voluntary work undertaken and also occupation of time, include any areas of further support required)

Educational and Employment History (including employment history, existing skills or qualifications, any support required in relation to literacy / numeracy, any aspirations for education, training or support to employment)

Practical Skills (including details of home management skills, shopping, cooking and hygiene, include any areas of further support required)

Personal Skills (including details of keywork and groupwork completed, include details of any areas of further support required)

Physical Health (including any ongoing health issues, disabilities and medication being taken, work being undertaken through keyworking and any areas of further support required)

Mental Health (including diagnosed or undiagnosed illnesses, support agencies involved and medication being taken including any responsibility under a care programme approach (CPA), work being undertaken through keyworking and any areas of further support required)

Substance misuse issues (including details of alcohol or drug misuse, current treatment and support agencies involved, work being undertaken through keyworking and any areas of further support required)

Family History (including details of support network available from family members, any contact with social services and ongoing issues relating to children)

Risk Information (Please complete the attached 'Risk Assessment for Referring Agencies' form and provide details of current risk management strategy in place and any areas of further support required.)

Offending History

Does the applicant have a history of offending?

Has the applicant been assessed as a risk under MAPPA?

Is the applicant currently subject to requirements under an ASBO?

If yes, please give details:

I confirm that the information that has been provided on this referral form is correct to the best of my knowledge.

Signed: _____
Referring Worker

Signed: _____ Date: _____
Supervisor

CONSENT TO SEEK INFORMATION

I give my permission for the Peasholme Resettlement Centre (Peasholme Charity and the City of York Council) to contact other agencies for information about me for the purpose of an assessment of how they are able to support me.

I agree that the Peasholme Resettlement Centre record and process the personal and sensitive information given in this form.

I understand that this information is kept securely on file and computer and may be used for the purposes for which Peasholme Charity and the City of York Council are registered under the Data Protection Act 1988.

Signed: _____ Date: _____
Applicant