



BARNABAS SAFE & SOUND

REFERRAL FORM FOR SUPPORTED ACCOMMODATION/FLOATING SUPPORT

Supported Accommodation	Floating Support

Name:	
Date of Birth:	Age:
Gender:	Ethnicity:
Legal Status (if known at point of referral):	
Child in Need <input type="radio"/> Eligible <input type="radio"/> Relevant <input type="radio"/> Former Relevant <input type="radio"/>	
Current Address/or care of:	
Telephone:	
Email:	

Is this referral being made by someone else?

Name:	Job Title:
Organisation:	Telephone:
How long has the applicant been known to you?	

Current Living Arrangements? Please mark with an X

Homeless	Own Tenancy	Foster Care
Residential Care	Staying with Family/Friends	Supported Accommodation
Other (please state):		

What support already provided by any of the following? Please provide name and contact number:

Social Worker:		Family member:	
Probation Officer:		Friend:	
CPN:		Other support worker:	

n which areas is support required?

Maintaining a tenancy		Managing a home		Setting up/furnishing a home	
Finding suitable accommodation		Resolving disputes with a landlord		Welfare benefits/managing money	
Debt problems		Filling in forms/making calls		Social skills & behaviour issues	
Education/training/employment		Health & Wellbeing		Independent living skills	
Mental health concerns		Personal safety & security		Use of alcohol	
Use of drugs		Anti-social/offending behaviour		Domestic abuse	
Parenting/family issues		Access to other services		Other (please state below)	

Other:

Is an interpreter or signer required to assist in the referral process?

Interpreter

Signer

Please note, dependent on availability, this may require a follow up appointment?

Please provide an overview of the young person's current situation, this should include information around any interventions that have been made before making this referral. Provide details of other professionals or family members who have been working with or are supporting the young person.

Continue on a separate sheet if necessary

Provide a summary of support needs – consider the amount and frequency of support that will be required, and an estimation of how long the young person might benefit from supported accommodation.

Continue on a separate sheet if necessary

Barnabas Safe & Sound have supported accommodation in Morpeth and Ashington. Please indicate below if there is a referred area?

Morpeth	
Ashington	

How did you hear about Barnabas Safe & Sound?

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RISK ASSESSMENT This section must be completed.

Please use the following definitions to answer all risk assessment 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 of a more significant nature.
High	Likely, severe or significant.

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

Physical abuse	Low	Medium	High	No risk
Mental abuse	Low	Medium	High	No risk
Sexual abuse	Low	Medium	High	No risk
Racial abuse	Low	Medium	High	No risk
Verbal abuse	Low	Medium	High	No risk
Damage to property / arson	Low	Medium	High	No risk

If yes to any of the above, please describe potential triggers and who is at risk:

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Is there a history of difficulties regarding previous tenancies?

Behaviour of friends	Low	Medium	High	No risk
Issues with rent	Low	Medium	High	No risk
Neighbour/landlord disputes	Low	Medium	High	No risk
Anti-social behaviour	Low	Medium	High	No risk
Evictions	Low	Medium	High	No risk
Harassment	Low	Medium	High	No risk

Please give further details:

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

Suicide	Low	Medium	High	No risk
Self-harm	Low	Medium	High	No risk
Child Sexual Exploitation	Low	Medium	High	No risk
Gang affiliation (County Lines)	Low	Medium	High	No risk
Accidental Overdose	Low	Medium	High	No risk
Misuse of prescribed medication	Low	Medium	High	No risk

Abuse from others	Low	Medium	High	No risk
Mental health issues	Low	Medium	High	No risk
Substance misuse	Low	Medium	High	No risk

Please give further details, including triggers and relevant incidents:

Are there any concerns around speech or language?

Does the young person have any issues understanding what people say?	Yes	Sometimes	No
Does the young person have any issues expressing themselves verbally? (using short sentences, single words, or replies are confusing or unclear)	Yes	Sometimes	No
Does the young person have any issues with communication? (problems with friendships, body language, takes things literally, is emotional)	Yes	Sometimes	No
Does the young person have issues with understanding words or learning words? (uses simple words, or empty words like "thingy", or can't remember words)	Yes	Sometimes	No
Does the young person have any issues with speech clarity? (stutter, stammer, problems with using their voice)	Yes	Sometimes	No

Is it safe to meet the applicant at home? If this information is available from a professional	Yes	No
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Has the applicant ever been refused support?	Yes	No
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DECLARATION

I confirm that the information contained in this document is true and includes all relevant information. If the applicant is not available to sign this form, please tick to confirm you have the applicant's verbal authorisation

Applicant Signature:	Date:
Referrer:	Date:

CONSENTS

Under General Data Protection Regulation (GDPR) 2018 it is a requirement to obtain consent to store and share information about you with other agencies and organisations who may be involved in providing support services to you. Barnabas Safe & Sound maintain data to provide a range of support services to young people. All data is stored securely and is only used for the provision of support services, and to assist you in accessing the right services, and the correct level of support to enable you to sustain your tenancy and independent living.

You have a right to prevent this and therefore, do not have to consent if you do not want your information to be shared. However, it would be difficult for Barnabas Safe & Sound to offer supported accommodation/floating support without consent, but we may still be able to signpost you to other services in the area and will always look to help where we can.

Do you consent given to Barnabas Safe & Sound to contact key family members, professionals, Job Centre, Housing Benefit Department, and healthcare services to assist in tenancy related issues, health and wellbeing?

Consent is given <input type="radio"/> Consent is given, with restrictions (please state below) <input type="radio"/>
Please confirm what restrictions are required when contacting third parties:

Do you consent given to Barnabas Safe & Sound to maintain your personal data for the provision of support services and for monitoring and evaluation of services to young people?

Consent is given <input type="radio"/> Consent is given, with restrictions (please state below) <input type="radio"/>
Please confirm what restrictions are required in storing data:

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If you are offered support, do you give consent to Barnabas Safe & Sound to take photos for the purpose of publicity and promotion? Your name will not be used unless permission is granted on a case by case basis.

Consent is given Consent is given, with restrictions (please state below)

Please confirm what restrictions are required when taking and sharing photos:

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Applicant Signature:	Date:
Referrer:	Date:

If the applicant is not available to sign this form, please tick to confirm you have the applicant's verbal authorisation