

Prospective Resident Referral Form

House of Grace Witham

Supported Housing Referral Form

Location of Property: Witham, Essex

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Instructions

1. Please provide typed answers
2. Please email completed forms
3. Information sharing by the referral agency is essential for a successful referral
4. Please forward any additional supporting material - for example existing support plans
5. We must have received a FULLY completed referral form to help us decide to proceed

Full name of person being referred:	
Date of referral:	

Part 1: Introduction

1.1 Overview

House of Grace Witham commenced operating its first supported accommodation home with four bed spaces in March 2024 in Witham Essex. This supported accommodation is aimed at single males between ages of 23 and 69.

This home will be a community house where residents will receive and engage in a support plan that will prepare them for more independent living. As part of our support package (which will be a condition of their license agreement) we will work with them to improve relationship building skills, provide life skills training, teach budgeting skills & provide support to improve their mental health. We will also assist them in acquiring the skills required for entering or re-entering employment.

We have every expectation that residents will be able to manage a healthy lifestyle and be on their way to reaching their full potential.

House of Grace Witham is a Christian Organisation and therefore all residents will need to be comfortable that this will influence the way we work. There is, however, no requirement to be a Christian to join the house.

The House of Grace Witham team is led by Emmelia van der Walt who worked as a volunteer at Hope House Essex when it first opened its doors to homeless folk, a few years before Covid19 lockdown occurred. Furthermore she 'shadowed' support workers at Housing Dilemmas, Chelmsford over a six month period in 2023. She, as well as all the other volunteer support workers, are passionate about supporting vulnerable adults and helping them to reach their full potential in life.

Part 2: Our Referral Criteria

To refer a person to House of Grace Witham for supported accommodation the candidate MUST meet the following criteria:

General Criteria

1. Single persons only
2. Minimum Age: 23 years old Maximum Age: 69. Subject to an assessment of needs
3. Must be eligible to receive Housing Benefit and prepared to stay at the residence for a minimum term of six months
4. Whilst there is no maximum stay, the resident should be prepared to enter into a review on next steps if they have resided at the property for 1 year (regular reviews are every 3 months).
5. We can house those in addiction recovery, but are unable to house anyone **currently** alcohol dependent or misusing substances.
6. No alcohol is permitted on the premises.
7. In terms of any sexual offences we would need full details and will want to speak to your offender manager prior to making a decision about offering you a room.
8. Anyone self-harming would be subject to a full risk assessment
9. Pets cannot be kept at the house.
10. You should be prepared to undergo random swab/urine tests if required.

Support Related Referral Criteria:

1. Must have medium support needs at a minimum and be prepared to engage in a minimum 3 hours of support per week.
2. Must be willing to work with House of Grace Witham support workers weekly to meet the objectives of their Support Plan. This will include engaging with (and not restricted to) relevant activities, residents' meetings and workshops.
3. Must have a desire to be helped towards positive change.
4. Must be willing to abide by the House Rules, Regulations and License Agreement
5. Must be comfortable with the Christian values of House of Grace Witham.
6. Must be willing to engage with the project and participate in meaningful activities. These can include volunteering, training, education and/or employment activities.

**Please make sure you fill out this form fully and in detail. This form will not be accepted if there is not adequate information.
Please avoid one-word answers.**

We will not be able to consider anyone without an adequately completed referral form.

All referral forms to be emailed to: hcarrick@houseofgracewitham.onmicrosoft.com.

Privacy Notice

By providing your personal details you agree to allow us to store your information in our secure database and to contact you by mail, email, phone or SMS in connection with its charity purposes. We do not make personal data available to external organisations, except for the purpose of our accountability and supervision to provide you with a better service.

Referral Agency's Details

Name of Referral Agency:	
Email:	
Phone:	

Part 3: Basis for Referral

3.1 Main Reason for Referrals

Please state why you think this form of accommodation will suit the potential resident. Please also state the level of support needs you consider this person to have.

I would consider this person's support needs to be: LOW / MEDIUM / HIGH (Please circle the level that is most appropriate)

I think this form of accommodation will suit the candidate because (max 20 words):

3.2 Summary of Needs

Please give a summary of the support needs of the individual.

I would consider this person to be in need of support due to;

- 1) Mental health issues –
(example: XX has disclosed that he has depression and finds it hard to think beyond today)
- 2) Physical health issues –
(example: XX walks with a stick and would find it difficult to hold down a job)
- 3) Emotional health issues –
(example: XX is in a constant state of trauma about his past)
- 4) Substance misuse problems –
(example: XX still fears that he will relapse)
- 5) Family problems –
(example: XX still suffers because of the abuse he received from his Dad)
- 6) Relationship breakdown –
(example: XX's wife threw him out due to his drinking. This has destroyed him because he loves his family)
- 7) Debt / Money Management Issues –
(example: XX has debts and feels out of control with his finances)
- 8) Confidence/Self-esteem issues –
(example: XX struggles to look people in the eyes. His self-esteem is at rock bottom)
- 9) Educational needs –
(example: XX cannot read or write)
- 10) Leaving Care –
(example: XX was in foster care since 7 yrs old and has not experienced a settled life / family as he was in multiple placements leaving at 18)
- 11) Bereavement issues
(example: XX lost his mother in his teens to cancer and has stayed with friends or homeless since then)
- 12) Offending / Probation issues –
(example: XX is on a probationary order due to an incident with a woman in town and knows one slip and he will end up in prison)
- 13) Risk of exploitation / abuse –
(example: XX has been recognised as a possible subject of financial / sexual exploitation / grooming or is vulnerable to abuse)

Part 4: Applicant's Personal Information

4.1 Applicant's Personal Details

Personal Information					
Title (Mr, Mrs, Miss, Ms)		Date of birth and age		Gender	
Full name		Alias (name otherwise known as)		Preferred first name	
Marital status		Telephone number (day)		Mobile number	
NINO (required for accessing benefits)		Address (full postal address). If no fixed abode, please state	Postcode:		
Do I benefit from another support service? Yes/No		Address of support service including phone number	Postcode:		
Am I in prison or a rehabilitation service?		Address and phone of prison or rehabilitation service	Postcode:		
Category of primary need i.e., ex-offender, homeless, mental health etc		Medication currently taken:		Do I have a CV? If yes, what is the date of my CV?	
Which state benefits do I currently receive?		Do I have a bank account? If yes, who do I bank with?		Proof of ID provided / not provided (details):	

Family Information			
Next of kin details / Phone number		Name(s) and current age or D.O.B. of chil- dren	
Children's town of residence		Name(s) of chil- dren's carers	

4.2 Other Agencies and Services

Other services involved with this person		
Name of Agency	Frequency of contact	Purpose of contact

Part 5: Applicant's Personal History

5.1 Housing History

Please list last five addresses (full address) if these are available:

Full Address	Type of Housing	Start Date	End Date	Reason for Leaving (e.g. rent arrears, behaviour of friends, neighbour disputes, anti-social behaviour, evictions, harassment, other)

5.2 Employment

Is the potential resident currently?	Yes/No	Details
In full-time work		
In part-time work		
Unemployed		
Undertaking voluntary work		
In education		

5.3 Finance

	Yes/No	Details
Is the person in receipt of welfare benefits		ESA/UC/ PIP/ Other?

How much income does the person receive each week/fortnight/monthly and from where?		
Is he/she in debt and how much is owed?		
Any deductions from benefits (if so how much)?		

5.4 Details of Convictions

	Yes/ No	Please detail where the answer is Yes
Has the applicant any criminal convictions that are NOT spent under the terms of the Rehabilitation of Offenders Act		
Is this person subject to any statutory order, ASBO, Community Rehabilitation Order or MAPPA involvement etc?		
Is this person subject to a probation officer (please specify name and contact details)?		
Has this person a history of *Carrying an offensive weapon*Arson*Sexual assault*Violence*Schedule 1 offences?		

5.5 Prison Services

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

5.6 Medical Conditions or Disabilities

(Including treatments being given and including medication being taken)

For example, please give details about lack of illnesses, lack self-care, a recent hospitalisation, mobility problems/other physical disability, learning disability and mental health conditions, etc;

For mental health does the applicant have a clinical risk management plan or other risk document from mental health services and have you provided all relevant documents. YES/NO

5.7 Substance Misuse

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

PART 6: Current Support Needs

In your opinion in which of the following areas do you think the applicant needs support?

Please put a 'Y' for **ALL** that apply

Please note as this is a referral for supported housing we would expect a potential resident to need support in a significant number of these specific areas.

6.1 General Support				
Understanding my support needs and accessing support		Making plans for healthier living		Making plans to gain independence
Registering with Doctor/Dentist		Building confidence		Joining a social activity
Emotional support		Contacting friends / building up a social network		Other addictions or concerns (eg gambling, hoarding etc)
Substance misuse issues - alcohol		Daily living skills – shopping, housework etc		Domestic abuse or exploitation concerns
Substance misuse issues - drugs		Learning to access support when I need		Disability issues

6.1 General Support				
		it		
Mental health issues		Making and maintaining relationships		Personal safety and security
Join a gym or fitness class		How to contribute in group meetings and in my community		Safeguarding concerns
General health and well-being		Gaining access to other services		How to share my opinion and make complaints
Social skills/behaviour management		Self-harming issues		Going on social events
Contacting family		Sexual Health Issues		

6.2 Managing Money				
Making a budget plan		Monitoring spending habits		Feeling in control of finances (as opposed to feeling out of control)
Managing debts		Ensuring all eligible benefits are claimed for		Understanding how credit works
Opening a bank account/setting up a standing order for rent		Creating a savings plan		Assistance with food shopping
Debt management				

6.3 Life Skills				
Setting up daily routines – cleaning and what is expected		Making minor repairs		Food preparation
Setting up daily routines – laundry		Dealing with letters, benefit claims		Difference between Needs and Wants

6.3 Life Skills				
Setting up daily routines – relaxation/socialising		Utility Bills (setting up payment plans)		Planning Meals
Shopping on a budget		Working well with other residents		CV writing
Training		Volunteering		Employment – ‘permitted work’
Education		Promoting citizenship including voting		Finding employment agencies to help find opportunities
Using transport or obtaining a bike		Parenting Skills		Literacy / Numeracy

6.4 Managing a Licence or Tenancy				
Understanding a tenancy/licence agreement and house rules		Fire Procedures		Reporting repairs
Health, safety and protection in the home		Paying Rent		Accessing the property
Anti-social behaviour		Utility Bills (setting up payment plans)		Finding furniture for a future move
Harassment		Communicating well with the landlord (eg disputes and complaint procedures)		Accessing grants to help future move on

6.5 Moving On (Future Resettlement)				
Registering on the housing register		Looking for a private let / register with letting agencies		Research Local Authority and voluntary agencies deposit schemes
Help with furniture		A renting ready course – eg like with CRISIS		Help with understanding paying bills on a card

PART 7: Assessment of Risk

Please use the following definitions to answer the questions for **ALL** potential residents.

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

7.1 Risk to Others

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

Category	Risk Level (Low, Medium or High)	Any specific 'triggers' or additional comments. Who might be at risk?
Physically abusive		
Mentally abusive		
Sexually abusive		
Racially abusive		
Verbally abusive		
Lack of remorse or regret		
Making serious false allegations		
Theft		
Damage to property		
Arson		

Category	Risk Level (Low, Medium or High)	Any specific 'triggers' or additional comments. Who might be at risk?
Threatening/ challenging behaviour		
Feeling aggressive and out of control		
Reactions do not match the situation i.e. getting very angry over minor issues		
Other types of offending behaviour		

7.2 Risk to Self

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

Category	Risk Level (Low, Medium or High)	Any Specific Triggers or Additional Comments
Self Harm		
Eating disorders		
Misuse of medication/ accidental overdose		
Suicidal thoughts or attempts		
Abuse from others		

Category	Risk Level (Low, Medium or High)	Any Specific Triggers or Additional Comments
Learning difficulties		
Difficulty Socialising		
Problems with eating or sleeping		
Isolation, withdrawing from people		
Feelings of hopelessness		
Self-neglect		
Easily agitated or paranoid		
Feeling very high or low		
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		

Category	Risk Level (Low, Medium or High)	Any Specific Triggers or Additional Comments
Other mental health issues		

PART 8: Declarations

To the best of our department's knowledge the information within this form is true and accurate;

Print Name:	
Referral Department/ Organisation:	
Signature:	
Date:	

Declaration of person wanting to access our supported housing accommodation.

I authorise the organisation's staff and volunteers to communicate with agencies/individuals on my behalf. Specifically, this may include:

- Job centre and local authority workers
- Doctors, Health and mental health workers
- Housing workers
- Social workers
- Drug and alcohol workers
- Lawyers / solicitors
- Previous landlords and accommodation providers
- Police or Probation workers

- Voluntary sector support agencies
- Family / friends and any other support agencies that I am working with.

I agree to engage with the organisation's staff and volunteers and to work with an initial support plan to help me to sustain my license.

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

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

Applicant Name (Print):	
Signature:	
Date:	