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| **Step Up referral form for young people aged between 18-24yrs who require tenancy sustainment support in Derbyshire County.**  | C:\Users\neil.skinner\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Logo in colour_transperant.png |

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| **To meet our criteria, applicants must be:*** **Between 18 and 24 years of age (referrals up to the person’s 25th birthday)**
* **Living in (or have a local connection to) Derbyshire County**
* **Aware and in agreement that an application / referral is being made**
 |

If you or someone you know would benefit from one of these services please complete this form in full and return it to: stepup@frameworkha.org

Completed forms will be forwarded to an appropriate support service. The service will then arrange to meet with you to discuss the content of your referral in more detail. This will give you an opportunity to talk about any support needs and to also ask questions you might have about the service.

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| **Date of referral:** |

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| --- | --- | --- | --- |
| **Name:** |  | **Alias:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **NI Number:** |  | **First Language:** |  |
| **Tel Number:** |  | **Mob Number:** |  |

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| **Council where local connection exists:** must have resided or worked in area for 6 of last 12 months or have contact with immediate family in the area.Exemptions: care leavers, ex- military personnel, those escaping domestic abuse |   |

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| **Are you pregnant?** Yes 🞎 No 🞎  | If yes, please give estimated due date: |

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| **Accommodation Status:** |
| No fixed abode 🞎 | Owner occupier 🞎 | Renting (Council) 🞎Renting (private) 🞎 | Supported 🞎 accommodation |
| Friends / family 🞎 | Prison\* 🞎 | Other: 🞎 (please specify)  |
| \*If currently in Prison, please give expected release date: |  |

Step Up OFFICE USE ONLY:

|  |  |  |
| --- | --- | --- |
| Referral Number: | Allocated to: | Allocation Date: |

|  |
| --- |
| **Address Information:** Please give current/care of address and new address if moving. |
| Address: |  | Address: |  |
| Postcode: |   | Postcode: |  |
| This address is my: (Please specify) | This address is my: (Please specify) |
| Current 🞎 | Care Of 🞎 | New 🞎(if moving) | Current 🞎 | Care Of 🞎 | New 🞎(if moving) |
| Can we send mail to this address? Yes / No Please circle | Can we send mail to this address? Yes / No Please circle |
| Name/ contact details for current landlord: |  | Name/ contact details for new landlord: |  |

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| **Who else lives with you?** Single Applicant only. |
| Name: | Relationship: | Age / date of birth: |
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| --- | --- | --- |
| **Are you in the process of being evicted?**  | Yes 🞎 | No🞎 |
| If yes please indicate which of the following applies: | (Please tick) | Date Received: |
| Received initial ‘Notice re. Possession’ | 🞎 |  |
| Received ‘Claim for Possession’ | 🞎 |  |
| Received ‘Notice of Eviction’ | 🞎 |  |
| Received other paperwork | 🞎 |  |
| Any other details: |

|  |  |  |
| --- | --- | --- |
| **Are you in the process of moving?** | Yes 🞎 | No🞎 |
| If yes, please give us date of move and details of any assistance required: | Move Date: |
| Details: |

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| **Have you / your partner / ex-partner ever served in the British Armed Forces?**  | Yes 🞎 | No🞎 |
| If yes, you may qualify for assistance from the Royal British Legion – would you be happy to receive contact regarding this? | Yes 🞎 | No 🞎 |

**If you are currently receiving support from other agencies please give details below.**

(You should include GP, Social Services, Probation, Drug / Alcohol treatment services, Connexions, any Mental Health professionals including Care Co-ordinator, CPN, Psychiatrist etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Name | Contact Telephone | Support Provided |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please indicate the area(s) you require support with:** (Tick as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol issues |  🞎 | Drug issues |  🞎 |
| Offending issues |  🞎 | Mental health issues\* |  🞎  |
| Family / child concerns |  🞎 | \*(Is this a formal diagnosis – give details below) | Y/N  |
| Finding accommodation |  🞎 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Benefits  |  🞎 | Budgeting / debt / arrears  |  🞎 |
| Dealing with official letters / bills etc. |  🞎 | Independent living skills |  🞎 |
| Dealing with abuse / harassment |  🞎 | Safety issues |  🞎 |
| Physical health / special adaptations |  🞎 | Acquiring furniture / appliances |  🞎 |
| Repairs & maintenance |  🞎 | Community involvement |  🞎 |
| Education / training / employment |  🞎 |  |  |

**Please give more details for each area ticked above:**

|  |
| --- |
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| **Do you have any relevant cultural or personal preferences or needs we should know about?** E.g. require an interpreter / signer, a male / female worker, commitments which limit meeting at certain times, mobility issues etc? (Please specify) |
|  |

**RISK ASSESSMENT**

**INFORMATION FOR SELF – REFERRALS:** If you are applying for yourself please complete the questions below as fully and honestly as you can. We may need to contact someone who knows you to confirm / clarify certain information. Please make sure you have given us relevant contact details (e.g. a social worker, probation officer or support worker).

**INFORMATION FOR REFERRING AGENCIES:** We ask all referring agencies to complete a risk assessment to inform the team receiving the referral. If your agency has an up-to-date statutory risk assessment please include that with the referral form, if not please answer the questions below.

If you answer ‘Yes’ in any section – please provide further information where indicated. We request that you involve your client in this process wherever possible, unless doing so would, in your opinion, increase the potential risk(s) posed.

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| --- | --- | --- |
| Does your organisation carry out Statutory Risk Assessments? | Yes 🞎 | No 🞎 |
| If Yes, is the most recent Risk Assessment attached? | Yes 🞎 | No 🞎 |

If you are unable to provide a statutory Risk Assessment please complete the following in full.

|  |  |
| --- | --- |
| **Dangerous behaviour / Risk To others** | **Comment / Details** |
| Violence towards others | Yes 🞎 | No 🞎 |  |
| Aggression (including verbal) towards others | Yes 🞎 | No 🞎 |  |
| Abuse or harassment of others | Yes 🞎 | No 🞎 |  |
| Danger to children | Yes 🞎 | No 🞎 |  |
| Anger management / impulsive behaviour | Yes 🞎 | No 🞎 |  |
|  |  |  |  |
| Sexual assault | Yes 🞎 | No 🞎 |  |
| Arson / deliberate damage | Yes 🞎 | No 🞎 |  |

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| **Emotional Well-being / Mental Health** | **Comment / Details** |
| Previously detained under Mental Health Act | Yes 🞎 | No 🞎 |  |
| History of suicide attempts | Yes 🞎 | No 🞎 |  |
| History of self-harm | Yes 🞎 | No 🞎 |  |
| Personality disorder | Yes 🞎 | No 🞎 |  |
| Dual diagnosis | Yes 🞎 | No 🞎 |  |

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| --- | --- |
| **Self-care / Risk from others** | **Comment / Details** |
| History of serious self-neglect (including mismanagement of medication) | Yes 🞎 | No 🞎 |  |
| History of domestic abuse | Yes 🞎 | No 🞎 |  |
| History of being abused/ exploited/ harassed | Yes 🞎 | No 🞎 |  |
| History of accidental harm e.g. kitchen fire… | Yes 🞎 | No 🞎 |  |
| Substance / alcohol abuse | Yes 🞎 | No 🞎 |  |

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| **Pets** | **Comment / Details** |
| Any pets? (please specify) | Yes 🞎 | No 🞎 |  |

**DECLARATIONS – (Please read carefully before signing)**

**Self-referrals -** I agree that the information I have provided is accurate and can be sent on to appropriate support providers. I hereby give consent for information related to my referral to be discussed with and requested from any relevant third party that has been identified on this form.

|  |  |
| --- | --- |
| **Signed:** | **Print name:** |

**Referring Agency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Name | Telephone & email | Support Provided |
|  |  |  |  |
| How long have you worked with the person? |  |

I confirm that the person being referred is aware of and gives consent for the referral being made.

I agree that the information I have provided is accurate and can be sent on to appropriate support providers. I have explained to the applicant that information related to the referral may be discussed with and requested from any relevant third party.

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| **Signed:** | **Print Name:**  |

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**INFORMATION ABOUT SERVICES:**

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| Step Up provides housing related support for young people living in Derbyshire aged 18 – 24 who are homeless or at risk of losing their home. The service is delivered in partnership by Adullam and Framework.  |

**EQUALITY & DIVERSITY MONITORING**

This information is voluntary and will be handled confidentially and separately from your referral.

Our Partnership celebrates diversity and promotes a culture where differences between people are respected and valued. To help us do this effectively, please provide the information requested below in relation to the applicant.

|  |
| --- |
| **GENDER:** |
| Male 🞎 | Female 🞎 | Transgender 🞎 | Decline to answer 🞎 |
| **AGE:** |
| Under 18 🞎 | 18 – 24 🞎 | 25 – 34 🞎 | 35 – 44 🞎 |
| 45 – 54 🞎 | 55 – 64 🞎 | 65+ 🞎 | Decline to answer 🞎 |
| **SEXUAL ORIENTATION:** |
| Straight/Heterosexual 🞎 | Gay Man 🞎 | Lesbian/Gay Woman 🞎 | Bi-Sexual 🞎 |
| Other 🞎 | Decline to answer 🞎 |  |  |
| **ETHNIC ORIGIN:** |
| **Asian/Asian British** | **Dual Heritage** |
| Bangladeshi | 🞎 | White and Asian | 🞎 |
| Indian | 🞎 | White and Black African | 🞎 |
| Pakistani | 🞎 | White and Black Caribbean | 🞎 |
| Other | 🞎 | Other | 🞎 |
| Please specify: | Please specify: |
| **Black/Black British** | **White** |
| African | 🞎 | British | 🞎 |
| Caribbean | 🞎 | Irish | 🞎 |
| Other | 🞎 | Other | 🞎 |
| Please specify: | Please specify: |
| **Chinese/Other** | **Gypsy/Romany/Irish Traveller** |
| Chinese | 🞎 | Gypsy/Romany/Irish Traveller | 🞎 |
| Other | 🞎 |  |
| Please specify: |  |
| **Decline to answer** |  |
| Decline to answer | 🞎 |  |
| **COUNTRY OF NATIONALITY:** |
| UK National (resident in UK) | 🞎 | UK National (returning from overseas) | 🞎 |
| Czech Republic | 🞎 | Estonia | 🞎 |
| Hungary | 🞎 | Latvia | 🞎 |
| Lithuania | 🞎 | Poland | 🞎 |
| Slovakia | 🞎 | Bulgaria | 🞎 |
| Romania | 🞎 | Other European Economic Area\* | 🞎 |
| Any other nationality | 🞎 | Decline to answer | 🞎 |
| \*Other EEA countries: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway & Switzerland |
| **RELIGION/ BELIEF:** |
| None | 🞎 | Christian (all denominations) | 🞎 |
| Buddhist | 🞎 | Hindu | 🞎 |
| Jewish | 🞎 | Muslim | 🞎 |
| Sikh | 🞎 | Not known | 🞎 |
| Other (please specify) | 🞎 | Decline to answer | 🞎 |
| **DISABILITY:** |
| The Disability Discrimination Act (1995) describes a disability as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities”. |
| Would you consider yourself disabled under this definition? Yes 🞎 No 🞎 Decline to answer 🞎 |
| Please specify: |