

Referral Form



CHARITY NO: 1144246

Prospective Tenant Details

Name:	Date of birth:
Date of referral:	Contact Number:

Referrer details

Name:	Team:
Email:	Contact Number:

This form must be completed by a statutory agency and signed by an appropriate professional e.g.: Social Worker, Care Coordinator, CPN etc.

When completing this form please can you give as much information as possible, this will help us to process the application quicker.

- Please attach previous care plans and risk assessments
- Please complete the additional information form

NOTE: Failure to supply the documents above will lead to a delay in processing your application.

Once your form is received, it will be passed to the Business Development Manager, who along with the Manager Director and Housing Support Manager will make a decision as to whether to accept the referral. You will be notified either way of the outcome. If the referral is accepted, the following will take place

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- Mindful Housing will build a relationship with the prospective tenant/service user along with other key people, family, professionals, etc.
- Mindful Housing will source the correct and appropriate property based upon needs.
- Mindful Housing will procure a property and make it ready, including any required furnishings, this will be done in consultation with the prospective tenant.
- Mindful Housing will make the relevant claim to the local housing benefit team to secure Exempt Accommodation funding.
- All Mindful Housing employees are vetted, DBS cleared and professionally trained to support vulnerable adults.

From the 25th May 2018, the new GDPR regulations come into force. Our Privacy Notice tells you what we do with the personal data that we collect about the vulnerable adults we house.

We will only ever use their personal data for the purposes of housing them securely in the community and for their best interests.

Please see our privacy notice at

<https://www.fortunatushousing.co.uk/privacy-statement/>

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Is the service user an existing tenant of Mindful Housing that is requesting to move?
Yes (all sections need to be completed, but please also explain why the current property is affecting the tenant’s mental health and a move is required)
No (please complete **all** sections)

SECTION 1 – PROSPECTIVE TENANT INFORMATION

Would the tenant be classed as a “vulnerable person” Yes No

In what way is the tenant vulnerable?

Medical Condition (Diagnosis, symptoms, etc.):

Legal Status if any (e.g. section 25, 117, forensic, or other):

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Other Relevant Agencies involved in care:

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SECTION 2 – ESTABLISHING NEEDS

Are you requesting Mindful Housing to provide supported accommodation for this individual?

This means that the individual needs regular ongoing **housing related support** from us as a landlord that is **over and above** that needed in an unsupported tenancy, and separate to any other support or care arrangements

Yes No

If the answer to this question is **No**, then our service is possibly not appropriate and you should seek housing from 'General Landlords'

If Yes:

Please outline the **housing related supported** that the individual will need to enable them to manage their tenancy successfully (*tick all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Setting up/payment of bills | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Keeping property clean & tidy | <input type="checkbox"/> Reporting repairs/maintenance |
| <input type="checkbox"/> Keeping themselves/property safe | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Being a good neighbour |
| <input type="checkbox"/> Behaviour management | <input type="checkbox"/> Other (please state) |

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Are you requesting this accommodation because no other alternative accommodation is available?

Yes **No**

Briefly explain the reasons why the tenant is not able to be provided with accommodation by Local Authority, Housing Association or Private Landlord:

Brief Social History (events that led to intervention, homelessness etc.)

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What date is accommodation required by? _____

Where is the service user currently living? _____

Reasons for leaving current accommodation (if applicable)

Does the service user have any notice period at their current accommodation?

How much notice does the service user need to give to their current landlord?

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SECTION 3 – ACCOMODATION REQUIREMENTS

Please tick any property types that would be suitable:

House Bungalow Semi Detached Detached End Terrace Mid Terrace

Please give details of service user requirements:

Number of bedrooms:	
Does the service user require a bath/shower/both:	
Does the service user require a garden?	
Does the service user require parking?	
Please list any further requirements/adaptations needed:	

Local area - please detail what the service user's needs are and also anything they would not want. We should think about what we want to achieve in the way of future outcomes and how we might want this person to access their community in the future:

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City or town:	
Any specific areas within city/town?	
Any areas to avoid?	
Any specific requirements relating to amenities, community links, transport etc.?	

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SECTION 4 – ASSESSING RISK

Risk to Self:

Risk to others: (staff, neighbours)

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Risk to Property:

Has there ever been evidence of arson?

Yes

No

If so, please give more information

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Other recorded events of significance relating to tenancy/properties:

Additional Information (include here any drug or alcohol dependency or abuse that will have an effect on a tenancy and other known individuals that associate with the service user that may have an effect on the tenant)

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Are there any other person(s) that will be living with the service user? **Yes** **No**

If yes, please give the details below.

Name(s)	Date of birth	Is this individual in employment?	Relationship to service user:

Does the service user have any pets that will be living with them?

Yes (please give details below) **No**

Please give details of number of pets, types, breeds and ages as applicable:

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PLEASE NOW SIGN THE FORM BELOW AND THEN COMPLETE SECTIONS 5 AND 6.

Name of person completing this form:

Designation:

Signature: _____

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SECTION 5 - RISK MANAGEMENT OF A PROPERTY:

Looking at the risk statements below and based on your knowledge of the individual please can you tick which statement best describes the individuals risk?

Only tick one of the 5 statements for the fire risk and one of the 5 statements for damage to property

Fire risk assessment:

Numerical Risk	Risk Statement	
1	There is no historical or present information of any risk of causing a fire, not a smoker or misuse of alcohol or drugs	
2	There is no historical or present information of any risk of causing a fire, Service user is deemed to be a responsible smoker	
3	There is no historical or present information of any risk of causing a fire; service user is a smoker and abuses alcohol or drugs or will allow other to visit the property who may smoke and abuse alcohol or drugs	
4	There is historical or present evidence of causing fire damage or fire risk but no conviction.	
5	There is historical or present evidence of causing fire damage or fire risk and has been convicted of arson.	

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Damage risk assessment:

Numerical Risk	Risk Statement	
1	There is no historical or present information of any risk of damaging property	
2	There is no historical or present information of any risk of damaging property. Service user would have difficulty keeping the property clean and maintenance free	
3	There is some historical or present information about the service user damaging their possessions or property, There is a real risk to damaging the property which is above the standard expected wear and tear.	
4	There is historical or present information about the service user causing excessive damage to their own or others property	
5	The service user has a conviction for causing excessive damage to their own or others property	

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SECTION 6 - ADDITIONAL INFORMATION REQUIRED FOR HOUSING BENEFIT

Name:

National Insurance Number	
Date of Birth	
Current address:	
Are you claiming housing benefit for this address?	
<ul style="list-style-type: none">• Which benefits are you receiving? <i>(If DLA please state what rate for Care and what rate for Mobility)</i>• How much do you receive?• When did you start receiving this?	
Do you receive child benefit? If yes, please state child(s) full name and date(s) of birth	
Are you waiting to hear about any benefits? What date did you claim?	

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Bank / Post Office account details	Sort Code: Account Number: Name of Bank:
How much is currently in your account?	
Do you have any other savings / income? <i>(stocks,shares,ISAs, property)</i>	
Do you have any pensions?	
Doctors Name & Address	
Nationality <i>(if not British please state the date that you arrived in the UK)</i>	

Further information on Page 19

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Please send the referral form, completed in full to:

**Fortunatus Housing Solutions
(Mindful Housing)
Unit 9 Colville Court
Winwick Quay
Warrington
Cheshire
WA2 8QT**

Or by email to office@fortunatus.co.uk

If you require any further information or have any queries regarding the completion of this form please contact the referral team on 01925 575601.