



AGENCY REFERRAL FORM & RISK ASSESSMENT

Porchlight
Changing attitudes · Changing lives

Date form completed		Client contact address (care of address)		
Client name				
Known as (Nickname)				
Client telephone		Postcode		
Date of birth		Next of Kin name		
Gender		Next of Kin relationship		
NI number		Next of Kin telephone		
Religion		Is the Next of Kin a point of contact for the client?	Yes	No
Sexuality				

Name of Referrer		Agency Name	
Tel No		Agency Address	
Email			

Ethnic Origin (please tick)		Issues - Please tick up to three (one in each column)		
White British		Alcohol Problems		
White Irish		Drug Problems		
White Other		Frail Elderly		
Mixed - White & Black Caribbean		Generic/Complex Needs		
Mixed - White & Black African		Homeless Families with Support Needs		
Mixed - White & Asian		Learning Disabilities		
Mixed - Other		Mental Health Problems		
Asian or Asian British - Indian		Mentally Disordered Offenders		
Asian or Asian British - Pakistani		Offenders/at risk of Offending		
Asian or Asian British - Bangladeshi		Older people mental health		
Asian Other		Older people with support needs		
Black or Black British - Caribbean		People at Risk of Domestic Violence		
Black or Black British - African		People with HIV / AIDS		
Black or Black British - Other		Physical or Sensory Disability		
Chinese		Refugees		
Other Ethnic Group		Teenage Parents		
Gypsy, Romany, Irish Traveller		Young People at Risk		
Refused		Young People Leaving Care		

Source of income															
JSA		Income Support		Incapacity Benefit/ESA		DLA		Pension		EMA		Working		Begging	
If Claiming Benefit, which DWP Office?															
Additions / Deductions (?)															
How often (?)						How much			£						
Does the applicant have any debts or loans to re-pay						Yes			No						
If yes, please give details:															

In which area does the Client have a local connection?			
Time in local area ?			
If in a different area, does the Client wish to be reconnected to area of local connection? (please circle)	Yes	No	Not sure

HOUSING HISTORY (continue on separate sheet if necessary)

Dates where known	Category A - L	District	Accommodation Address
Reason for leaving:			
Reason for leaving:			
Reason for leaving:			

The following categories should be used when detailing type of accommodation above:

- | | |
|-------------------------------------------|-------------------------------------------------|
| A. Short-stay hostel/night shelter | H. Private rented sector |
| B. B&B/hotel | I. Squatting |
| C. Parental home | J. Sleeping rough |
| D. With friends/relatives | K. Institutional care (hospital, prison) |
| E. Local authority care | L. Other |
| F. Owned home | |
| G. Council/Housing Association | |

Does the applicant have any rent arrears from previous housing? (please circle)	Yes	No
If yes, please give details:		

Please state any periods spent out of the country:

SUPPORT NEEDS AND NETWORK

Has your agency carried out a detailed assessment of this applicant's support needs? (please circle)	Yes	No
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Please tick any of the following support needs this applicant has:
 (If not known, please indicate **N/K**)

Mental health		Drug issues		Criminal convictions	
Learning difficulties		Victim of violence/abuse		Relationship breakdown	
Physical disability		Other dependencies		Leaving institutional care	
Long term illness		Unpaid loans/debts		Other	
Alcohol issues		Challenging/violent behaviour			

Give details of the applicant's support needs in more detail from those ticked above:
Please attached extra sheets if necessary:

Does the applicant have or had a:					
CPN		Social Worker		Psychiatrist	
If yes, please give particulars below:					
Name		Address		Phone Number	

Please enclose copies of any care / support plans in place.

What action, if any, might be taken by you if the accommodation breaks down?

CRIMINAL RECORD

PLEASE NOTE

All referrals leaving prison will be required to have either a formal or voluntary link with the Probation Service. The local Probation office must refer applicants on probation with the Accommodation in Partnership form, Pre-Sentence Reports, Pre-Conviction summary and Risk Assessment.

Please give details of applicant's criminal record including dates, sentences and Probation Orders where known:

Has the Client ever been convicted of a criminal offence?			Yes	No
Date	Charge	Location	Outcome	
Does the Client have any pending court cases? (Please provide details)			Yes	No
Is the Client on Probation/Licence? (If YES, What type of Order/Conditions?)			Yes	No
Has the applicant ever been convicted of a Schedule One offence? (Any offence committed against someone under 18 years of age)			Yes	No
If yes, please give details:				
Does the applicant have or had a:				
Community service officer:		Probation Officer/Office:		YOT Worker:
If yes, please give particulars below:				
Name	Address		Phone Number	

HEALTH

Name of applicant's GP	
Name & address of Surgery	

Does applicant have any PHYSICAL HEALTH problems, including allergies?	Yes	No
If yes, please give details including any medication taken and for how long taken:		
Any known side effects experienced by the applicant? (please circle)	Yes	No
If yes, please give details:		

As the referring agent, what advice and/or assistance, are you providing your client with in terms of support (please tick below)?

Welfare rights:		Life skills:		Care planning:	
Legal matters:		Employment training:		Counselling:	
Budgeting:		Housing advice:			
Other (please specify below):					

Will your agency provide ongoing support to the applicant? (please circle)	Yes	No
Name of worker	Phone Number	

Please enclose copies of any care plans OR action plans that are in place, if appropriate.

LIFE SKILLS

This section of the form must be filled in with client being referred

How would you rate your ability to manage the following skills?

	Must have assistance			Can manage alone	
	1	2	3	4	5
Shopping					
Cooking					
Managing Money					
Domestic Chores					

What would you see as the advantages and disadvantages of sharing accommodation?	
Advantages	Disadvantages

DECLARATION

I am satisfied that the information contained within this form, as given by the applicant, is accurate.

Signed by referring worker:

Date:

I agree that the information contained in this form is true and accurate and I consent to it being used as part of Porchlight Assessment Process.

I also agree to Porchlight making contact with those agencies that I am currently working with and having sight of information that will have relevance to the resettlement process.

Signed by Applicant:

Date:

Individual Risk Assessment Form

Clients name.
 Date

How long has the client been know to you.
 Form Completed by

1. Risk Factors	Risk Rating	Comments
1.1 Do you or have you ever demonstrated verbal behaviour which could be seen as aggressive by others?	Low Medium High	
1.2 Have you ever been physically aggressive or been seen as physically aggressive to others?	Low Medium High	
1.3 Are you or have you ever been physically aggressive towards your environment i.e damage to furniture/walls?	Low Medium High	
1.4 Do you have a history of self-harm or attempted suicide?	Low Medium High	
1.5 If you use or have used drugs/alcohol does this present any risk to yourself or others?	Low Medium High	
1.6 Has your mental health presented any risk to yourself or others now or in the past?	Low Medium High	
1.7 have you ever been involved in a fire, accidental or deliberate? Are you a smoker or epileptic?	Low Medium High	
1.8 Do you find unstructured time or isolation a factor in relation to any identified risks?	Low Medium High	
1.9 Have any identified risks been evident in your past accommodation?	Low Medium High	
Risk Factor	Any control measures put in as a precaution for the risks identified	

2. The Client / Resident		
2.1 If any risk factors have been identified in the past, what have you found helpful?		
2.2 Do your family have a positive or negative effect on your behaviour?		
2.3 Do your peer group / friends have a good or poor effect on your behaviour?		
2.4 If you take any prescribed medication, do you consider there to be any risk factors involved? i.e. possible overdose or risks of harm if not taken.	Y/N	
2.5 If any risks have been identified do you feel able and willing to make changes?	Y/N	
Any other comments		

Signed Client / Resident		Date:	
Signed Porchlight Worker		Date:	

Service user did not wish to sign their risk assessment	
Due to the service user's needs/situation they were unable to contribute and understand their risk assessment.	

Signed Porchlight Worker		Date:	
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RISK OF HARM ASSESSMENT – GUIDANCE NOTES

This risk assessment form needs to provide as complete a picture of the service user as possible.

It is, therefore, important that the person completing the form identifies and records further information if risk factors are scored as medium or high.

Pointers to accessing this information include asking whether

- there are any known triggers to behaviour
- how any known risks are currently managed,
- is the management of the risk effective,
- are there any other resources that could be utilised in order to reduce risk.

You need not ask the questions as they are written and staff should use their own words wherever possible. Porchlight personnel are experienced in and used to supporting people with various problems or issues, and will not necessarily refuse an interview if there are medium to high risk factors recorded.

It is important to answer all the questions on the form as honestly as possible. If any information is not disclosed at this stage and found out later, it could lead to loss of tenancy.

Data Protection Act

We are subject to the Access to Records Act 1987 and the Data Protection Act 1984 in respect of computerised records. We will be required to disclose information held in respect of the applicant should the applicant request it unless certain limited exemptions apply.

Amongst the exemptions are:

- *Where disclosure would be likely to carry a risk of serious harm, either physical or mental, to the individual or another individual, including staff or other professionals*
- *Where the release of the information would be likely to prejudice the prevention or detection of a crime*
- *Where information is restricted under the Medical Records Act or Access to Medical Records Act*
- *Where information is restricted by legislation in connection with adoption.*

Once completed:

Please note referrals for each project are handled by that project and not centrally therefore if you wish to make a referral to more than one project please fax/email a copy to each project. Also if you wish to check on the progress of your referral please contact the specific project that the referral was sent to.

Please tick the preferred service for this applicant (more than one can be selected).

Please either fax or email to the relevant project(s).

PLEASE TICK	Project	Type of service	Location of Project	Fax No.	Email address
	106 Whitstable Road	Adult Hostel (short stay, high support)	Canterbury	01227 784981	106@porchlight.org.uk
	74 Whitstable Road	Young Persons Hostel (short stay, high support)	Canterbury	01227 767278	74@porchlight.org.uk
	Guildford Lodge	Direct Access Hostel (high support)	Canterbury	01227 479100	guildfordlodge@porchlight.org.uk
	Craddock House	Supported accommodation	Canterbury	01227 766964	craddock@porchlight.org.uk
	Shared Housing	Supported accommodation	Canterbury	01227 784981	sharedhouses@porchlight.org.uk
	New Town Street	Young Person's Hostel	Canterbury	01227 767278	newtownstreet@porchlight.org.uk
	New Wharf	Young Person's Hostel	Tonbridge	01732 363928	newwharf@porchlight.org.uk
	Wife of Bath	Supported accommodation	Canterbury	01227 767464	managedhouses@porchlight.org.uk
	Simon Mead House	Supported accommodation	Ashford	01233 650440	simonmead@porchlight.org.uk
	King St Hostel	Direct Access Hostel	Thanet	01843 596321	kingstreet@porchlight.org.uk
	Fern Court	Adult Hostel (high support)	Dover	01304 216471	ferncourt@porchlight.org.uk
	Prospects	Mental Health Service	Dover	01304 205898	prospects@porchlight.org.uk

For more information about these projects please visit our website: <http://www.porchlight.org.uk/help-advice/>

<p>Rough sleeper/street population referral form: http://www.porchlight.org.uk/help-advice/make-a-referral/ Tel: 0800 567 7699</p>	<p>Floating Support referral form: http://www.kent.gov.uk/SocialCare/adults-and-older-people/supporting-people/su-how-to-apply.htm Tel: Supporting People 08458 247 100</p>
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