

ROUGH SLEEPER (STREET HOMELESS) REFERRAL



Porchlight
Changing attitudes · Changing lives

A separate referral form should be completed for referrals to Porchlight Hostels. This form is for those who are currently street homeless with no respite or those facing Hospital discharge NFA who were street homeless prior to admission. Those experiencing any other form of homelessness should be referred to Supporting People on a Floating Support form. To obtain additional referral forms see end.

Name of service user		Date form completed	
Known as (Nickname)		(care of) contact address	
Date of birth			
NI number		Postcode	
Next of Kin name & relationship		Telephone number	
Next of Kin telephone		Is the Next of Kin a point of contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Referrer		Agency Name	
Tel No		Agency Address	
Email			
Issues (Please tick no more than three)			
Alcohol Problems	<input type="checkbox"/>	Older people mental health	<input type="checkbox"/>
Drug Problems	<input type="checkbox"/>	Older people with support needs	<input type="checkbox"/>
Frail Elderly	<input type="checkbox"/>	People at Risk of Domestic Violence	<input type="checkbox"/>
Generic/Complex Needs	<input type="checkbox"/>	People with HIV / AIDS	<input type="checkbox"/>
Homeless Families with Support Needs	<input type="checkbox"/>	Physical or Sensory Disability	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	Refugees	<input type="checkbox"/>
Mental Health Problems	<input type="checkbox"/>	Teenage Parents	<input type="checkbox"/>
Mentally Disordered Offenders	<input type="checkbox"/>	Young People at Risk	<input type="checkbox"/>
Offenders/at risk of Offending	<input type="checkbox"/>	Young People Leaving Care	<input type="checkbox"/>
Further details of issues/risks (Alcohol, Drugs, Mental Health, Physical Health)			
Any other agency contacts: (Please include contact details)			
In which area of Kent does the service user stay?			
Please note that we operate within the boundaries of Kent County Council, this does not include Medway, Bexley or Bromley			
In which area do they have a local connection?			
Rough Slept (street homeless) last night and foreseeable future	<input type="checkbox"/>	In Hospital: Street homeless prior to admission	<input type="checkbox"/>
		Discharge Date:	
If they are neither of the above they are not suitable for our service. Please refer to Supporting People for Floating Support			
How long have you been sleeping on the streets?			
Please give exact location(s) during the day (Full details enable us to locate them)			
Please give exact location(s) sleeping at night (Full details enable us to locate them)			

Reason for homelessness							
Recent housing history (Please provide as much detail as possible)							
Source of income							
JSA <input type="checkbox"/>	DLA <input type="checkbox"/>	Incapacity Benefit/ESA <input type="checkbox"/>	Income Support <input type="checkbox"/>	Pension <input type="checkbox"/>	Working <input type="checkbox"/>	None <input type="checkbox"/>	
If Claiming Benefit, which DWP Office?							
Have the service user ever been convicted of a criminal offence?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Please list dates and outcomes (Specifically Violent, Sexual or Arson)							
Does the service user have any pending court cases? (Please provide details)					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is the service user on Probation/Licence? (If YES, What type of Order/Conditions?)					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Probation Officer/Office:							
How did the service user hear about us?							

Equal opportunities monitoring							
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Religion				
Are you the same gender that was assigned at birth?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Sexuality			
				Nationality			
White British			<input type="checkbox"/>	Black or Black British - Caribbean			<input type="checkbox"/>
White Irish			<input type="checkbox"/>	Black or Black British - African			<input type="checkbox"/>
White Other			<input type="checkbox"/>	Black or Black British - Other			<input type="checkbox"/>
Asian or Asian British - Indian			<input type="checkbox"/>	Mixed - White & Black African			<input type="checkbox"/>
Asian or Asian British - Pakistani			<input type="checkbox"/>	Mixed - White & Black Caribbean			<input type="checkbox"/>
Asian or Asian British - Bangladeshi			<input type="checkbox"/>	Mixed - White & Asian			<input type="checkbox"/>
Asian Other			<input type="checkbox"/>	Mixed - Other			<input type="checkbox"/>
Chinese / Other Ethnic Group			<input type="checkbox"/>	Gypsy, Romany, Irish Traveller			<input type="checkbox"/>
Signed (Service User)				Date			

<p>Helpline: 0800 567 76 99 (Calls from landlines and payphones are free of charge) Please email referrals to outreach@porchlight.org.uk, fax to 01227 478755 or post to Craddock House, Craddock Road, Canterbury, Kent. CT1 1YR</p>	
<p>Porchlight Hostel referral form: http://www.porchlight.org.uk/help-advice/make-a-referral/ Tel: Head Office 01227 760078</p>	<p>Floating Support referral form: http://www.kent.gov.uk/community_and_living/housing-related_support/how_to_apply.aspx Tel: Supporting People 08458 247 100</p>