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| Please send completed referrals to referrals@porchlight.org.uk For enquiries please call: 08005677699 |
| **CLIENT DETAILS**  |
| **Full Name** |  | **(care of)****Contact address including postcode** |  |
| **Date of birth** |  | **Telephone number** |  |
| **N.I Number**  |  | **Email address** |  |
| **Date of referral** |  |
| **Referrer Name** |  |
| **Referrer Organisation** |  |
| **Referrer Tel No** |  |
| **Referrer Email**  |  |
| Information for referrers: We will try to contact you if we require more information. We will also let you know when a worker has been allocated, please ensure you provide direct contact details where possible. |
| TYPE OF REFERRAL REQUIRED ( Select at least one) |
| **Homeless Risk Support** – Support for people who are sofa surfing or at risk of homelessness   |  |
| **Rough Sleeper Support** – Support for people who are street homeless currently  |  |
| **Supported Accommodation** – Hostel accommodation with staff available for support  |  |
| HOUSING INFORMATION |
| **What is your current housing situation? Please include which area you are in.** |  |
| **If you are homeless or about to become homeless, what do you think the biggest cause is of this?**  |  |
| **What was your last settled accommodation? Please advise which area this was in.**  |  |
| **Have you received a Section 21 or Section 8 notice? If so, when does it expire?** |  |
| **If you are rough sleeping, please provide details of where you are most likely to be, and a description of your appearance.** |  |
| **We have Supported Accommodation across Kent, which districts would you prefer to be in?** Tick a maximum of two | Ashford  |  | Maidstone |  |
| Canterbury |  | Sevenoaks |  |
| Dartford |  | Swale |  |
| Dover |  | Thanet |  |
| Folkestone |  | Tonbridge & Malling |  |
| Gravesham |  | Tunbridge Wells  |  |
| **For each area selected above, please tell us why you have selected it?** |  |
| **INFORMATION ABOUT YOU AND THE SUPPORT THAT YOU NEED** |
| This service is for vulnerable homeless adults, aged 18 and over, with complex support needs. In order for us to determine the best way to support you, please provide details about these complex needs.  |
| MENTAL HEALTH – How is your mental health? Who supports you with this currently?  | PHYSICAL HEALTH – How is your physical health? How does this impact on your day to day? |
|  |  |
| Do you feel able to manage this on your own? | Yes |  | No |  | Do you feel able to manage this on your own? | Yes |  | No |  |
| DRUGS AND/OR ALCOHOL – How often are you using drugs or alcohol? Are you working with any specialist support agencies? | DEBT AND MANAGING MONEY – How much debt do you have? Are you managing your repayments?  |
|  |  |
| Do you feel able to manage this on your own? | Yes |  | No |  | Do you feel able to manage this on your own? | Yes |  | No |  |
| MANAGING A TENANCY – Have you ever had a tenancy of your own? Did you have any problems? Have you ever been evicted from a tenancy? | BENEFITS – Are you in receipt of benefits at the moment? Do you have any problems claiming benefits? |
|  |  |
| Do you feel able to manage this on your own? | Yes |  | No |  | Do you feel able to manage this on your own? | Yes |  | No |  |
| DOMESTIC ABUSE – Are you currently or have you previously experienced this? Are you working with any specialist support agencies? | LEARNING DIFFICULTIES – How does this impact you? What support do you need for this? |
|  |  |
| Are you a Care Leaver? | Yes |  | No |  |
| WHAT ELSE DO YOU NEED SUPPORT WITH? Can you tell us any information that would help us better support you?  |  |
| What strengths/things in place do you have that currently support you?  |  |
| Have you ever been convicted of a criminal offence? *Please give details of any unspent convictions or any pending criminal cases* |  |
| Are you currently open to National Probation Service?*If yes, please give details of your probation officers name* |  |
| What other agencies do you work with now? |  |
| What agencies have worked well for you in the past? |  |
| Risk Information |
| Do you consider yourself to be a risk to yourself? | Yes |  | No |  |
| Do you consider yourself to be a risk to others? | Yes |  | No |  |
| If you have answered yes to either of the above questions, please provide further details:How do you currently keep yourself safe? |

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| SOURCE OF INCOME – Please select |
| JSA  |  | Universal Credit |  | PIP/ESA |  | Income Support |  |
| Pension |  | Working Full Time |  | Working Part Time |  | No Income |  |
| Equal Opportunities Monitoring (please note that these questions are optional) |
| Gender: |  | Pronouns: |  |
| Sexuality: |  | Religion: |  |
| Nationality: |  | Preferred Language: |  |
| Asian or Asian British - Bangladeshi |  | Gypsy, Romany, Irish Traveler |  |
| Asian or Asian British - Indian |  | Mixed - White & Asian |  |
| Asian or Asian British - Pakistani |  | Mixed - White & Black African |  |
| Asian Other |  | Mixed - White & Black Caribbean |  |
| Black or Black British - African |  | Mixed - Other |  |
| Black or Black British - Caribbean |  | White British |  |
| Black or Black British – Other |  | White Irish |  |
| Chinese / Other Ethnic Group |  | White Other |  |
| Have you ever served in the Armed Forces? |  Yes |  | No |  |
| Please tick and sign below to confirm that the client consents to this referral being processed: |  |
| Name |  | Referrer Name |  |
| Signature |  | Referrer Signature |  |
| Date |  | Date |  |
| For information on how we use your information, please go to:<https://www.porchlight.org.uk/downloads/attachments/khc_privacy_promise.pdf> or contact our Helpline on 0800 567 7699 |
| What happens next? |
| Please send completed referrals to referrals@porchlight.org.uk We will contact you if for any reason we are unable to process your referral.Once your referral has been allocated to one of our team they will make contact with you on the contact details you have provided.If you wish to follow up on your referral at any time, please call our Helpline on 0800 567 7699 |