

## The Way Initial Assessment Referral Form

Please complete this form if you are making a referral to The Way supported housing. Please ensure that the form is signed by the client and that any relevant information is attached.

### About you and your housing history

<b>Name</b>			
<b>Are you known by any other name</b>			
<b>Date of Birth</b>		<b>Age</b>	
<b>Sexuality</b>		<b>Ethnic Origin</b>	
<b>NI Number</b>		<b>Contact Tel:</b>	
<b>Name of Next of Kin</b>			
<b>Address of Next of Kin</b>			
<b>Telephone of Next of Kin</b>			
<b>Current Address</b>			
<b>Type of Accommodation</b>	<input type="checkbox"/> Private Rent	<input type="checkbox"/> Council/Housing Association	<input type="checkbox"/> Family/Friends
	<input type="checkbox"/> Hostel	<input type="checkbox"/> Other (please state)	
<b>Landlord contact details</b>			
<b>Reason for losing accommodation</b>			

Previous address history for the past 5 years				
Address	From	To	Accommodation Type	Reason for leaving

<b>Do you have any dependent children</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes how many?</b>	
<b>Are you pregnant</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Due date</b>	

<b>Have you ever had a council/housing association tenancy before? If Yes, please give further details:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Address</b>	<b>From</b>	<b>To</b>	<b>Accommodation Type</b>
			<b>Reason for leaving</b>

<b>Do you owe any rent arrears at your current or any previous address?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If Yes, how much do you owe</b>	<b>Any payment plan?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What address are they from?</b>			

<b>Have you, your partner or ex-partner ever served in the British Armed Forces?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If yes, you may qualify for assistance from the Royal British Legion – Would you be happy to receive contact regarding this?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Are you in the process of being evicted?</b>		Yes		No	
<b>If Yes, please indicate which of the following apply</b>	<b>Date received</b>				
Received initial 'Notice re. Possession'					
Received 'Claim for Possession'					
Received 'Notice of Eviction'					
Any other paperwork received?					
Any other details:					

### About you and your health and any support requirements

<b>Who is your GP?</b>		<b>Tel N°</b>	
<b>Address</b>			
<b>Do you have any medical conditions/disabilities or are registered disabled?</b>	Yes		No
If Yes, please give details			

<b>Do you currently or have you in the past been affected by:</b>			
Mental Health Issues		Drug or Solvent Abuse	
		Alcohol misuse	
		Self-Harming	

<b>If you have ticked any of the above, please provide more information and let us know if you are receiving any support now or have had support in the past:</b>

<b>Are you taking any prescribed medication or are you on any treatment programs? If Yes, please give details</b>	Yes		No	

<b>Are you currently experiencing Domestic Violence, or have done in the past?</b>	Yes		No	
<b>Are any of the following in place?</b>				
Court Orders		MARAC		CAADA
				CAF
				Safeguarding
If Yes, please give details				

<b>Do you have any criminal convictions or cautions? If yes, please provide details:</b>		
<b>Reason for conviction</b>	<b>Date of conviction</b>	<b>Sentence received</b>



