## 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

Name								
Are you known by any other	name							
Date of Birth			Age					
Sexuality			Ethnic O	rigin				
NI Number			Contact					
Name of Next of Kin			Contact	IGI.				
Address of Next of Kin								
Telephone of Next of Kin								
Current Address								
ourient Address	Private F	Pont	Council/L	lousing Associat	ion	For	mily/Frie	nde
Type of Accommodation	Hostel	Velit		ease state)	1011	I ai	illiy/i ile	iius
Landlord contact details	1103161		Other (pie	ease state)				
Reason for losing								
accommodation								
Previous address history for	the past 5	years						
Address	From	То	Accom	nmodation Type	Re	ason	for leav	ing
Do you have any dependent	children	Yes	No	If yes how n	nany?			
Do you have any dependent Are you pregnant	children	Yes Yes	No No	If yes how n	nany?			
Are you pregnant  Have you ever had a council/ please give further details:	/housing a	Yes	No ion tenancy	Due date	Ye		No for leav	ring
Are you pregnant  Have you ever had a council/		Yes	No ion tenancy	Due date	Ye		No for leav	ring
Are you pregnant  Have you ever had a council/ please give further details:	/housing a	Yes	No ion tenancy	Due date	Ye			ring
Are you pregnant  Have you ever had a council/ please give further details: Address	/housing a	Yes	ion tenancy Accom	Due date before? If Yes,	Ye			ring
Are you pregnant  Have you ever had a council/ please give further details: Address  Do you owe any rent arrears	From	Yes	ion tenancy Accom	Due date before? If Yes, nmodation Type	Ye	ason	for leav	ring
Are you pregnant  Have you ever had a council/ please give further details: Address  Do you owe any rent arrears  If Yes, how much do you owe	rhousing a	Yes	ion tenancy Accom	Due date before? If Yes, nmodation Type	Ye	ason	for leav	ring
Are you pregnant  Have you ever had a council/ please give further details: Address  Do you owe any rent arrears	rhousing a	Yes	ion tenancy Accom	Due date before? If Yes, nmodation Type	Ye	ason	for leav	ring
Are you pregnant  Have you ever had a council/ please give further details: Address  Do you owe any rent arrears  If Yes, how much do you owe	rhousing a	Yes	ion tenancy Accom	Due date before? If Yes, nmodation Type	Ye	ason	for leav	ring
Have you ever had a council/please give further details: Address  Do you owe any rent arrears If Yes, how much do you owe What address are they from?	rhousing a	Yes To	ion tenancy Accom	Due date before? If Yes, modation Type us address? ent plan?	Ye Re	Yes Yes	No No	ring
Are you pregnant  Have you ever had a council/ please give further details: Address  Do you owe any rent arrears  If Yes, how much do you owe	fhousing a From  at your cue	To urrent or	Accom any previou Any paymeted in the Br	Due date before? If Yes, nmodation Type us address? ent plan?	Ye Re	ason	for leav	ring

			Yes	
Are you in the process of If Yes, please indicate wh		Date received		No
Received initial 'Notice re				
Received illitial Notice re				
Received 'Notice of Evicti				
Any other paperwork rece				
Any other details:	siveu:			
7 try outer details.				
	ealth and any support re	-		
Who is your GP?		Tel N°		
Address				
Do you have any medical disabled?	conditions/disabilities or ar	e registered	Yes	No
If Yes, please give details				
	you in the past been affecte	d by:		
Manakal I la alkla la avva a				
If you have ticked any of t	Drug or Solvent Abuse the above, please provide m w or have had support in the		Self-Ha	
receiving any support nov	the above, please provide m w or have had support in the	ore information and less past:	et us know	if you a
If you have ticked any of t receiving any support nov	the above, please provide m w or have had support in the	ore information and less past:		
If you have ticked any of treceiving any support not have ticked any of the receiving any support not have you taking any presciprograms? If Yes, please	the above, please provide m w or have had support in the ribed medication or are you give details	ore information and less past:  on any treatment	et us know	No
If you have ticked any of treceiving any support not have ticked any of the receiving any support not have you taking any presciprograms? If Yes, please have you currently experie	the above, please provide m w or have had support in the	ore information and less past:  on any treatment	et us know	if you a
If you have ticked any of treceiving any support not have ticked any of treceiving any support not have you taking any presciprograms? If Yes, please have you currently experie past?	the above, please provide may or have had support in the ribed medication or are you give details	ore information and less past:  on any treatment	et us know	No
If you have ticked any of treceiving any support not receiving any support not are you taking any presciprograms? If Yes, please Are you currently experie past?  Are any of the following in	the above, please provide medication or are you give details  ncing Domestic Violence, on place?	ore information and less past:  on any treatment  r have done in the	Yes	No No
If you have ticked any of treceiving any support not receiving any support not are you taking any presciprograms? If Yes, please  Are you currently experie past?  Are any of the following in Court Orders  MAR	the above, please provide medication or are you give details  ncing Domestic Violence, on place?	ore information and less past:  on any treatment	et us know	No No
If you have ticked any of treceiving any support not receiving any support not are you taking any presciprograms? If Yes, please Are you currently experie past?  Are any of the following in	the above, please provide medication or are you give details  ncing Domestic Violence, on place?	ore information and less past:  on any treatment  r have done in the	Yes	No No
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Are you taking any presciprograms? If Yes, please  Are you currently experie past?  Are any of the following in Court Orders  If Yes, please give details	ribed medication or are you give details  ncing Domestic Violence, o	ore information and less past:  on any treatment  r have done in the	Yes  Yes  Safeguard	No No
If you have ticked any of the receiving any support now any support now are you taking any presciprograms? If Yes, please Are you currently experie past?  Are any of the following in Court Orders MAR If Yes, please give details  Do you have any criminal	the above, please provide medication or are you give details  ncing Domestic Violence, on place?	ore information and less past:  on any treatment  r have done in the  CAF	Yes  Yes  Safeguard	No No
Are you taking any presciprograms? If Yes, please  Are you currently experie past?  Are any of the following in Court Orders  If Yes, please give details	ribed medication or are you give details  ncing Domestic Violence, o	ore information and less past:  on any treatment  r have done in the	Yes  Yes  Safeguard	No No
If you have ticked any of the receiving any support now any support now are you taking any presciprograms? If Yes, please Are you currently experie past?  Are any of the following in Court Orders MAR If Yes, please give details  Do you have any criminal	ribed medication or are you give details  ncing Domestic Violence, o	ore information and less past:  on any treatment  r have done in the  CAF	Yes  Yes  Safeguard	No No
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	eceivii	ng any	of the followi	ng s	upport, if yes, pl	ease p	rovi	de c	ontac	t deta	ails:
Organisation	Su	pport w	vorker		Con	tact nu	ımb	er			
Probation											
Social Worker											
Alcohol Services											
Floating Support											
Orug Services											
Mental Health											
Counselling											
Vomens Aid											
Health Visitor											
Other											
About your circu			re in receipt o	of, s		nd free		тсу			
Benefit	:	£	Frequency		Benefit		£		Fr	equer	су
Universal Credit	t				Retirement Pension						
Employment Support Allowance (ESA	۸)				Incapacity Benefit						
Job Seekers Allowance (JSA	.)				Personal Independence Payment (PIP)						
Other					Other						
f you are working,	who is		aurrant ampl	01/01				'es		No	
Name	WIIO IS	your	current empir	Oyei	•	Tel N		63		INO	
Address											
Working full-time	30 hou	urs or m	nore		Working part-ti	me less	s tha	n 30	hour	6	
Are you in education	n2							⁄es		No	
School/College Na						Tel N		es		INO	
	110					1611					
Address											
	on				Part-time Educ	ation					

## **Risk Assessment**

	Yes	No	Details			
History of arson?						
Issues with males?						
Issues with females?						
Challenging behaviour?						
Racist views?						
History of Violence: To staff members?						
Other service users?						
To the public?						
To family/friends?						
History of Sexual Assault?						
Exposure?						
Aggressive behaviour?						
At risk of abuse/exploitation?						
History of self-harm?						
Suicidal thoughts & feelings?					 	
Mental health issues?					 	
Alcohol dependency?					 	
Danger to children					 	
Registered sex offender						
MAPPA?						
Is multi-agency meeting re	quire	ed re	garding the complexities of the case to	Yes	No	
establish a support framew	ork:					
Notes						
Notes						
Referee Name:						
Organisation :						
Phone:						
Signature:						
Client Name:						
Signature:						
Date :						