

Greenhouse Project Supported Housing Referral Form

**Location of Property:** **Plymouth**

Tel: 07976 632196

 Email: admin@greenhouse-project.co.uk

 Website: [www.greenhouse-project.co.uk](http://www.greenhouse-project.co.uk)

|  |  |
| --- | --- |
| Full name of person being referred: |  |

# Overview

## The Greenhouse Project operates supported accommodation in Plymouth. This supported accommodation provides a family-like home, whilst supporting residents to understand their identity free form addiction and moving forward in their lives. The Greenhouse Project currently operates a 6 bed home.

## Vital Information

1. This form **must have typed answers** – handwritten forms will not be accepted
2. Referrals must be made by agencies and individuals on this form.
3. Information sharing by the referral agency is essential for a successful referral.
4. Where available the referring agency should forward any full risk-assessment and pathway plan relating to the person being referred.
5. **We must have received a FULLY completed referral form before we can interview anyone.**

##

## Referral Criteria

To refer a person to us for supported accommodation they MUST meet the following criteria:

General Referral Criteria

1. Single persons only.
2. Minimum Age: 18
3. Must be eligible to receive Housing Benefit and prepared to stay at the residence for a minimum term of six months.
4. The resident is expected to stay for at least 3 months and a maximum of 18 months. A review will then take place at the end of each time scale given to the resident for the next step.
5. Must not be using a controlled drug[[1]](#footnote-1) (this includes Cannabis and legal highs).
6. No alcohol is permitted on the premises. Recovering addicts/alcoholics considered based on individual’s needs & condition.
7. Must not have a criminal conviction for any sexual offences or offences against children.
8. Must not keep pets at the residence.

Support Related Referral Criteria:

1. Must have medium support needs
2. Must have a desire to be helped towards positive change.
3. Must be willing to abide by the House Rules, Regulations and License Agreement.
4. Must be comfortable with the Christian values of the Greenhouse Project
5. Must be willing to engage with the project and participate in meaningful activities. These could include: volunteering, training & education, skill development, employment or other paid work etc. Target is minimum of 10hrs per week.
6. Must be willing to work with Pastoral Mentor weekly to meet the objectives of their Support Plan including engaging with (and not restricted to) - relevant activities, resident’s meetings or coaching workshops.
7. Abide by the house guidelines.

**Please make sure you fill out this form fully with detail. This form will not be accepted if there is not adequate information. Please avoid one word answers.**

***This form must have typed answers – handwritten forms will not be accepted***

**No-one will be considered without an adequately completed referral form.**

**All referral forms to be emailed to:** **admin@greenhouse-project.co.uk**

**DETAILS OF THE REFERRING AGENCY**

|  |  |
| --- | --- |
| Date of referral |  |
| Name of agency |  |
| Contact name from referral agency |  |
| Address |  |
| Office telephone number |  |
| Mobile telephone number |  |
| Email |  |
| Nature of relationship with person you are referring?  |  |
| How long have you known the person you are referring? |  |
| How did you meet the person you are referring? |  |

**APPLICANTS’ SUPPORT NEEDS: HIGH / MEDIUM / LOW** please delete two and leave one

#### APPLICANT’S DETAILS

|  |  |
| --- | --- |
| Full Name |  |
| Gender |  |
| Nationality |  |
| Age |  |
| Date of Birth |  |
| National Insurance Number |  |
| Marital Status |  |
| Which bank do you bank with |  |
| Current address |  |
| Telephone Number |  |
| Registered with a Doctor? (if so which one) |  |
| Registered with a Dentist? (if so which one) |  |
| Registered with an Opticians? (if so which one) |  |

**IDENTIFICATION**

Does the applicant have the following to present to us? Please complete all lines.

|  |  |
| --- | --- |
| **Type of ID** | **Yes or No** |
| Passport |  |
| Birth Certificate  |  |
| Marriage Certificate |  |
| Driving Licence |  |
| Medical Card |  |

##### REASON FOR REFERRAL

##### (Please include reasons for leaving current address and any relevant information)

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| **PROFILE OF CLIENT**Is the person subject to any of the following? | Yes or No | Details is answer is Yes |
| Care Order Section 31 |  |  |
| Section 20 Accommodated |  |  |
| Section 17 Funded |  |  |
| ASBO |  |  |
| Supervision Order |  |  |
| Community Rehabilitation Order |  |  |
| Mappa Involvement |  |  |
| PPU Involvement |  |  |

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| **PRISON SENTENCES**Please detail any sentences below | Start & End Date | Reason for imprisonment |
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##### FAMILY HISTORY/BACKGROUND

Please detail below

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##### PERSONAL SITUATION/CARE HISTORY

Please detail below

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| EMPLOYMENT |  | **Details** |
| What is his or her profession/s?  |  |  |
| Date of last employment: |  |  |
| Company name of last employer: |  |  |
| **IS THE CLIENT CURRENTLY?** | **Yes/No** | **Details** |
| In full-time work |  |  |
| In part-time work |  |  |
| Unemployed |  |  |
| Undertaking voluntary work  |  |  |
| **IS THE CLIENT CURRENTLY?** |  |  |
| In higher education |  |  |
| In further education |  |  |
| Undertaking a training course |  |  |
| An apprentice |  |  |

##### EMPLOYMENT SITUATION

Please give any further detail below

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| **FINANCE - is he/she** | **Yes/No** | **Details** |
| Local authority fully funded |  |  |
| Self-directed support funding |  |  |
| Receiving Income Support/JSA |  |  |
| Receiving DLA |  |  |
| Receiving other benefits |  |  |
| How much income does the person receive each week and from where? |  |  |
| Is he/she in debt and how much is owed |  |  |

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| **PHYSICAL HEALTH** | **Yes or No** | **If yes, please give detail** |
| Lack of self-care |  |  |
| Recent hospitalisation  |  |  |
| Mobility problems  |  |  |

##### MEDICAL CONDITIONS

##### i.e. experience of fits/ epilepsy, diabetes, overdosing, hepatitis, HIV, sexual transmitted diseases etc…..

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Taking medication? ▢ Yes ▢ No - If yes please list what medication he/she is taking

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##### SUBSTANCE MISUSE

##### Details of any substance misuse (drugs or alcohol). Include past and present usage, details of any rehab or detox attended, and any on-going support being received.

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**HOUSING HISTORY**

Has the person ever squatted? If so, where and when?

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Where did the person sleep last night?

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Please list last five addresses (full address):

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| **Full Address** | **Type of Housing** | **Start Date**  | **End Date** | **Reason for Leaving** |
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Is there a history of difficulties regarding previous tenancies?

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| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Rent Arrears |  |  |  |
| Behaviour of friends |  |  |  |
| Neighbour disputes |  |  |  |
| Anti-social behaviour |  |  |  |
| Evictions |  |  |  |
| Harassment |  |  |  |
| Other |  |  |  |

If any identified, please give further details

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**SUPPORT**

In which of the following areas is support required? If the answer is N to most this is not the appropriate accommodation

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| **Health** | **Y/N** | Making and sustaining relationships |  |
| Mental health issues |  | Parenting skills |  |
| Emotional support |  | Gaining access to other services |  |
| General health and well-being |  | Daily living skills – shopping, housework etc |  |
| Substance misuse issues |  | **Make a Positive Contribution** | **Y/N** |
| Sexual health |  | Accessing community organisations |  |
| Healthy lifestyle |  | Maintaining accommodation |  |
| **Safety** | **Y/N** | Promoting citizenship |  |
| Domestic abuse concerns  |  | Transitioning into independence |  |
| Personal safety and security |  | **Enjoy Economic Well-being**  | **Y/N** |
| Offending / risk taking behaviour  |  | Homelessness issues  |  |
| Social skills/behaviour management |  | Finding furniture/accessing grants |  |
| Safeguarding concerns |  | Finance/debt/budget management |  |
| **Other** please detail to the right |  |

##### LIFE SKILLS

Has the person ever lived independently? If so, please give details

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What skills will (s)he need assistance with whilst at the accommodation?

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In your opinion, why do they want to live in this accommodation and how can it help them?

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**RISK ASSESSMENT**

**NB: This Section MUST be completed**

Please use the following definitions to answer the questions:

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| **LOW** | Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring. |
| **MEDIUM** | More frequent/regular incidents and/or of a more significant nature |
| **HIGH** | Likely, severe or significant |

**RISK TO OTHERS**

**Does the applicant have a history/is there a risk of any of the following violent offences/incidents *to* others:**

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| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Physically abusive |  |  |  |
| Threatening/challenging behaviour |  |  |  |
| Feeling annoyed a lot of the time  |  |  |  |
| “Flying off the handle” |  |  |  |
| Feeling aggressive and out of control  |  |  |  |
| Reactions do not match the situation i.e. getting very angry over minor issues  |  |  |  |
| Lack of remorse or regret |  |  |  |
| Making serious false allegations |  |  |  |
| Mentally abusive |  |  |  |
| Sexually abusive |  |  |  |
| Racially abusive |  |  |  |
| Verbally abusive |  |  |  |
| Theft |  |  |  |
| Damage to property |  |  |  |
| Arson |  |  |  |
| Other types of offending behaviour |  |  |  |

Describe below potential triggers and who is at risk:

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| **RISK TO SELF**Is there a history of or current risk of any of the following? |  |  |  |
| **Category** | **LOW** | **MEDIUM** | **HIGH** |
| Suicidal thoughts or attempts |  |  |  |
| Self-harm |  |  |  |
| Burning or cutting of skin |  |  |  |
| Physical abuse of own body  |  |  |  |
| Eating disorders  |  |  |  |
| Accidental overdose |  |  |  |
| Misuse of/non-compliance with medication |  |  |  |
| Abuse from others |  |  |  |
| Vulnerability |  |  |  |
| Learning difficulties |  |  |  |
| Immaturity |  |  |  |
| Difficulty Socialising |  |  |  |
| Mental health Issues |  |  |  |
| Problems with eating or sleeping  |  |  |  |
| Isolation, withdrawing from people  |  |  |  |
| Feelings of hopelessness  |  |  |  |
| Self-neglect  |  |  |  |
| Feeling agitated, paranoid or unpredictable  |  |  |  |
| Feeling very high or low |  |  |  |
| Current or previously diagnosed mental health problem |  |  |  |
| Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause |  |  |  |
| Behaving in a way that others feel is inappropriate e.g. sexually disinhibited |  |  |  |
| Feeling obsessed with violent videos, written materials or weapons |  |  |  |
| Substance misuse |  |  |  |

Describe below potential triggers and who is at risk:

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| **OTHER SERVICES INVOLVED WITH THIS PERSON** |
| **Name of Agency** | **Frequency** | **Purpose** |
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##### Referral Agency support

As the referring agency how will your support the person while they are resident at the accommodation?

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**Contact Arrangements**

Will the person have contact with family and friends? If so give details:

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**Identity**

Are there any other issues regarding this person’s identity that we should be aware of?

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**Any Other information.** Please include any needs that should be brought to our attention

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| **Included**  |  |
| Full risk assessment | ▢ |
| Pathway plan | ▢ |

**Referral Agency Declaration**

I confirm that any support by my agency will be ongoing during the applicant’s stay at the accommodation. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at the accommodation if their application is successful.

Print Name: ……………………………………………………… Signature:……………………………………

Name of Referral Agency: ……………………………………. Position: ………………………………..

##### Declaration of person wanting to access Greenhouse Project supported accommodation

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to the **Greenhouse Project** where necessary.

I also agree that **Greenhouse Project** may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

##### Print Name ……………………………….

##### Signature …………………………….

##### Date……………..

1. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/164222/controlled-drugs-list.pdf [↑](#footnote-ref-1)