

Referral/initial assessment form

Date of referral:

CLIENT INFORMATION

Applicants surname: First name:

Date of Birth: Female Male

National Insurance No:

Current Address: Contact Number:

Prison No: (if applicable)

Is applicant an Asylum seeker or subject to Immigration Control? Yes No

If answered yes, please provide additional information

ACCOMMODATION

Please provide applicant's accommodation history for the past five years, starting with the most recent address first. (continue on a separate sheet if required)

Address	From	To
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Type of accommodation (e.g tenant, lodger)	Reason for leaving
	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

Address	From	To
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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Address

From

Type of accommodation
(e.g tenant, lodger)

To

Reason for leaving

Address

From

Type of accommodation
(e.g tenant, lodger)

To

Reason for leaving

Address

From

Type of accommodation
(e.g tenant, lodger)

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Reason for leaving

Address

From

Type of accommodation
(e.g tenant, lodger)

To

Reason for leaving

CURRENT INCOME

Is applicant claiming any of the following:

- Income support
- Job seekers allowance
- Disability living allowance
- Incapacity benefit
- Other

Other please specify

Is the applicant currently working or participating in any training programs:

- Yes No

if answered 'yes' please provide employers/trainers details

Date started:

MEDICAL INFORMATION

Please give brief details of any medical conditions from which the applicant is suffering such as what medications are taken, how these are managed and how their condition affects their day to day life.

Has the applicant had any past/present issues with drugs or alcohol? Yes No

If you answered 'yes' please give details i.e. Substance used, time periods, amount spent

Is the applicant currently drug/ alcohol free? Yes No

Time period spent drug/alcohol free?

Date of last drug or alcohol administration:

Is the applicant engaged in any form of community treatments? Yes No

Details: including Agencies involved, key worker etc

Has the client engaged in drug/ alcohol treatment in the past? Yes No

Details: including treatment in prison and dates/ details of resettlement since treatment

INSTITUTIONAL BACKGROUND

Has the applicant been a member of HM Forces? Yes No

Details: Including length of time in service, whether on active service, time spent in military hospital, date of discharge and pattern of housing since leaving forces

Has the applicant served a custodial sentence, been committed for contempt of court or been remanded in custody? Yes No

If yes, what was the charge/offence?

Is applicant currently in custody? Yes No

Date convicted: Earliest release date:

Actual release date:

Has any support been put in place for applicant upon release? Yes No

Please provide details:

Will applicant been under any supervision upon release? Yes No

Please provide details e.g type of supervision, period

Does the applicant have a probation officer? Yes No

Please provide details:

OTHER SUPPORT SERVICES

Support Services

Detail's

Social worker/Care Manager

Probation

Family

Behavior Therapy

Drug/Alcohol Service

Criminal Justice Service

Other: Please add any other relevant information in support of application:

If available please attach the following information:
(This will help speed up the process of the application)

- Up to date medical report, social work report containing medical information

This should include evidence of applicant's ability to manage in B&B/ unsupervised accommodation.

- Support/ Care/Treatment plan-including nature level/level of support to be provided in temporary accommodation
- Copy of recent risk assessment
- Offending History/Probation reports
- Current prescribed medication details(including Methadone/Subutex)

Signatures

(Please print)

Referring Officer:

Organisation:

Position:

Signature:

Date:

I hereby give permission for the above organisation to share relevant information about me with Vision Housing Consultancy Services.

Applicant's Name:

Signature:

Date:

Approved for payment by:

Organization:

Position:

Signature:

Date:

NOTE: This form will not be processed without approval for expenditure and applicants signature. Please return completed form to:

Vision Housing
195 Middleton Road
Carshalton
SM5 1HE

Fax:020 8640 8209

Alternatively you can email it back to: info@visionhousing.org.uk

Equal opportunities

For the purpose of monitoring equal opportunities please complete the following questions: **Please tick where appropriate*

Gender:

- Female Male

Age:

- 16-24 25-49 50+

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Asian/Asian British-Indian | <input type="checkbox"/> Mixed-White and Black Caribbean |
| <input type="checkbox"/> Asian/Asian British-Pakistani | <input type="checkbox"/> Mixed-White and Black African |
| <input type="checkbox"/> Asian/ Asian British-Bangladeshi | <input type="checkbox"/> Mixed-White and Asian |
| <input type="checkbox"/> Asian/ Asian British-Other | <input type="checkbox"/> Mixed-Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White- British |
| <input type="checkbox"/> Black/Black British-Caribbean | <input type="checkbox"/> White- Irish |
| <input type="checkbox"/> Black/Black British-African | <input type="checkbox"/> White-Other |
| <input type="checkbox"/> Black/Black British-Other | <input type="checkbox"/> Other |

VISION HOUSING CONSENT FORM

All information given to a Vision Housing caseworker is confidential to the organisation and this confidentiality statement has been explained to me.

I give Vision Housing permission to work with any relevant organisation with regards to my resettlement.

(Please print)

Name:

Address:

Signature:

Date:

