

Referral form

All sections of this form must be completed. Failure to do so may cause delays. If for any reason a section cannot be filled out, please state why. Blank sections will not be accepted. If there is no space for your answer please use the extra sheet provided at the end of this form, thank you.

Please be aware that your data may be shared with local authority Housing Benefit departments; the referral agency that directed you to Pegasus (e.g. Social Services or Health), Home Providers under the Sustain (UK) Ltd umbrella and also with other bodies (such as Police or the Courts or Probation – if appropriate) where they have a legal right to access.

1. DETAILS OF REFERRAL AGENT

Referring Agency	Officer Name
Tel. No	Date
Email Address	

2. DETAILS OF APPLICANT

Mr. Mrs. Ms. Dr.	Current Address
Full Name	Road/Street
NI Number	City
Religion	County
Language	Post Code
Interpreter Yes No	

3. SUPPORT NEEDS Current Situation / Client Group tick as applicable

Single homeless with support needs	Training, Education & Employment	Safeguarding – avoiding self harm / harm to others / from others
Learning difficulties	Young people at risk	Young people leaving care
Substance misuse issues	Independent Living Skills	Rough sleeper
Gang affiliation	People with HIV / Aids	Offending behaviour or at risk of
Refugees	Does not wish to disclose	Other – Please specify
Social isolation	Mental health problems	
Physical illness / disability	Accommodation / homelessness	

If any of the options in section 3 have ticked please provide more detail, i.e. mental health - the symptoms, diagnosis, medication / doses, any associated risks, agencies involved etc.

4. RISK ASSESSMENT

Does the applicant have history of:	Yes	No	Details - If yes, complete in all cases.
Violence / aggressive behaviour			
Self-harm / suicide/mental health formal diagnosis			
Drug / alcohol misuse			
Child protection issues			
Sexual or schedule 1 offences			
Criminal convictions / offences			
Self-neglect/neglect of others			
Anti-social behaviour			
Damage to property			
Neighbourhood problems			
Arson			
Rent arrears			
Any other			
Is the applicant at risk of harm from others? If yes please state who and provide details			

5. OTHER AGENCY INVOLVEMENT

Name of Agency	Contract Name	Tel number	Currently involved
			Yes No

6. INCOME DETAILS

	Weekly	Fortnightly	Monthly
Wages			
Income Support			
Incap/Esa			
Disability			
Child.ben			
JSA			
Universal Credit			
Work Fam			
Other			

7. PREVIOUS 5 YEAR ADDRESS HISTORY Including supported accommodation

Address	Dates/duration	Tenure	Landlord Details	Reason for leaving/Arrears/ASB
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8. DECLARATION / AUTHORISATION

Applicant's Signature

Date

- I give my consent to the disclosure of this information for housing purposes.
- I give my consent to the disclosure of any supplementary information attached for housing purposes.
- I give my permission for the outcome of this referral to be explained to the referral agency.
- I agree to participate in a Support Package, including Assessments and Support Plans.
- I would / would not like a copy of this referral form.

Referring Agent

Applicant

The information provided here is based on information available on the date of completing this form. I am satisfied that this referral is appropriate to the applicant's identified needs and risk and I have completed this form to the best of my knowledge.

Agent's Signature

Relationship to Applicant

Position

Date

Sharing information & consent agreement

I confirm that the benefits of sharing information have been discussed with me, and that I understand that the need for sharing of information across agencies has been identified within my support plan.

I have been asked to sign the following agreement to allow the exchange of specific information with other professionals involved in my support.

I give permission for Pegasus Supported Housing Ltd Team to receive and share information about me with the agencies identified on the below table.

I understand that this information may be used by my service provider Pegasus Supported Housing Ltd in pursuance of its business purposes and my consent is conditional upon Pegasus Supported Housing Ltd and other stakeholders complying with their obligations under the Data Protection Act 1998.

Probation	Hostels	Previous Landlord
Social Care & Health Agencies	Sustain UK Ltd	Support Providers
GP / GP Surgery	Neighbourhood office	Police
Drug/Alcohol Agencies	DWP/Job Centre plus	Housing providers
Housing associations i.e Midland Heart	Birmingham City Council	Other – Please specify
Referring Agencies	Mental Health Services	

Client name Signature Date

I confirm that I have explained Pegasus Supported Housing Ltd's Confidentiality Policy to the client, including circumstance under which this may be breached. These are specific circumstances in relation to the following:

- The risk of me causing harm or injury to myself or others
- The welfare or safety of children
- The possibility that I have committed a serious criminal offence

On this basis I agree to the release of information about me by Pegasus Supported Housing Ltd, to the relevant agencies to protect myself and others.

Signed by Witnessed by Date