

Seed Support Referral form

Referral Agency	
Contact Name	
Email and Phone no	
Date of Referral	

Needs Assessment Form

Personal details:

Surname		Forename (s)	
DOB		Age	
NI Number		Nationality	
Phone number		Prison and release Date	
Marital Status		Dependent Children	
Previously been in care		Ex- Armed Forces	

Agencies	Name	Contact
GP		
Dentist		
Social Worker/After Care		
Psychiatrist		
CPN		
Probation Officer		
Drugs Worker		
Alcohol Worker		
Support Worker		
Next of Kin/Contact		
Other		

Current Accommodation Details

Rough Sleeping Homeowner Social Housing Tenant Family home Private Rented
 Lodger Hostel Sofa Surfing

Accommodation History

Any stable Accommodation history last 5 years if known)	From	To	Type of accommodation.
			Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> Family home <input type="checkbox"/> Private Rented <input type="checkbox"/> Lodger <input type="checkbox"/> Hostel <input type="checkbox"/> Sofa Surfing <input type="checkbox"/> Other <input type="checkbox"/> (please state)
			Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> Family home <input type="checkbox"/> Private Rented <input type="checkbox"/> Lodger <input type="checkbox"/> Hostel <input type="checkbox"/> Sofa Surfing <input type="checkbox"/> Other <input type="checkbox"/> (please state)
			Homeowner <input type="checkbox"/> Tenant <input type="checkbox"/> Family home <input type="checkbox"/> Private Rented <input type="checkbox"/> Lodger <input type="checkbox"/> Hostel <input type="checkbox"/> Sofa Surfing <input type="checkbox"/> Other <input type="checkbox"/> (please state)

Needs Assessment Section

Support Needs (Housing Related)	
Have you or someone on your behalf made a homeless application in the last 56 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What Local Authority do you have a connection to?	
Nottingham <input type="checkbox"/> Broxtowe <input type="checkbox"/> Bassetlaw <input type="checkbox"/> Gedling <input type="checkbox"/> Mansfield <input type="checkbox"/> Newark & Sherwood <input type="checkbox"/> Rushcliffe <input type="checkbox"/> Ashfield <input type="checkbox"/>	
If known name of Housing Advisor:	
History of Rough Sleeping	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of eviction in last five years	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of rent arrears in last five years	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of abandoning tenancies	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of Anti-Social Behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>

Caused damage to property	Yes <input type="checkbox"/> No <input type="checkbox"/>
Problems with neighbours or house mates	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been the person responsible for harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Homeless due to prison sentence(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
No experience of living independently	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous experience of living in a hostel	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous experience of living in a shared house	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use this space for any other information relevant to housing support need

Support Needs (Finance, Benefit & Debt Related)

Are you in receipt of benefits or eligible to claim? (Please specify which benefit and how much you receive) JSA <input type="checkbox"/> Incapacity benefit /ESA <input type="checkbox"/> DLA <input type="checkbox"/> Income Support <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Universal Credit <input type="checkbox"/> Other benefits <input type="checkbox"/> (please state)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other income? Ex. Pension (If yes please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a bank account or credit union account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you subject to benefit sanctions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any high-risk debts? (i.e owe money to a drug dealer, Loan Shark, Pay Day lender)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any debts subject to court orders?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use this space for any other information relevant to Finance, Benefit or Debt related support need

Specialist Support Needs

Reading and writing/Numeracy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Filling in forms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Looking after money and paying bills	Yes <input type="checkbox"/> No <input type="checkbox"/>

Looking after a home (cooking, cleaning etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Personal Care i.e. Washing, Dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Physical Health Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Mental Health Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Please use this space for any other information	
Social Care Contact.....	
GP Contact.....	
CPN Contac.....	
Are you currently prescribed any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give details:	

Offending:

Have you ever been in trouble with the police Yes No

If yes, please detail any offences?

You will also be required to provide a copy of your pre cons so that your application can be processed

Date of Offence	Offence	Outcome

Are you currently (please tick)

On bail		Community Supervision		Prison Licence	
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Are you currently working with Probation? Yes No

If yes, please give details

Workers Name

Contact Details

Risk Assessment – Please tick where appropriate

Physical Health concerns	Yes	No	Mental Health Problems	Yes	No
Detained under the Mental Health Act, if yes, by who?	Yes	No	Incidents involving Arson	Yes	No
Known suicide attempts	Yes	No	Known self-harm	Yes	No
Dual Diagnosis	Yes	No	Most serious damage caused:		
Danger to other	Yes	No	Danger to children	Yes	No
Bizarre behaviours	Yes	No	Dangerous Behaviour	Yes	No
Substance abuse	Yes	No	Alcohol dependant	Yes	No
Incidents of violence	Yes	No	Self-Care/Risk from Others		
Incidents of abuse or harassment to others	Yes	No	Incidents of serious self-neglect	Yes	No

Incidents of being abused/exploited	Yes	No	Incidents of being harassed	Yes	No
Verbal aggression towards others	Yes	No	Problems managing anger/impulsive behaviour	Yes	No
Sexual assault/exposure	Yes	No	Persistent provocative behaviour	Yes	No

If you have ticked yes to any questions, please give a brief outline of behaviour/incidents. Also describe any work your organisation has carried out with the individual that relates to risk or any work that you or your client has agreed to carry out in the future.

(Please continue on a separate sheet if necessary)

Was the client involved in assessing the risk(s) they may pose or others may pose to them?
Yes /No (Circle as appropriate)

If No, state why: No currently in custody.

How long have you worked with the client?

Completed by:

Signed by worker:

Date of Assessment:

Name of Organisation:

EXPLICIT CONSENT TO DISCLOSE INFORMATION

I am aware that the Housing Provider will share information about me with other agencies. I understand that as part of my support I may be referred to other agencies in order for specific work to be carried out. I understand that the Housing Provider and partner organisations will use discretion and sensitivity in making enquiries and sharing this information. I also agree for the other agencies to discuss my case with the Housing Provider, and I understand this consent can be withdrawn at any time by informing the Housing Provider of this.

I consent for my personal information to be shared with the below agencies/individuals for the duration of my Probation Order/Licence. I understand that I can withdraw this consent at any time by informing a member of the CRC staff.

Family Member(s)/Partner listed below

..... Yes No

..... Yes No

..... Yes No

Community NHS staff Yes No

GP Yes No

Psychiatrist Yes No

Social Worker Yes No

Solicitor Yes No

Police Yes No

Prison Yes No

National Probation Service including CRC's Yes No

Drug Treatment Services Yes No

Alcohol treatment Services Yes No

Housing Providers Yes No

Housing Benefit Department Yes No

Housing officer Yes No

Council Tax Benefit Department Yes No

Department for Works & Pensions Yes No

Utility Companies Yes No

Debt Agencies Yes No

Other please specify:

..... Yes No

..... Yes No

..... Yes No

..... Yes No

I understand that my personal information may be transmitted by electronic means, and I am aware of the risks that this may entail.

Signed:
Print Name:
Date:

Worker Signature:
Print Name:
Date: