SP Hub form A



# BOURNEMOUTH SUPPORTING PEOPLE (SP) HUB

# SUPPORTED HOUSING REFERRAL FORM

**PLEASE READ THESE NOTES BEFORE YOU BEGIN FILLING OUT THE REFERRAL FORM**

This form is to be completed by, or on behalf of, a person wishing to access supported housing in Bournemouth.

Please note that applications for supported housing for people with **mental health problems must be accompanied by the CPA and risk assessment**. The referrer will be required to attend a panel to discuss this application.

**PLEASE COMPLETE ALL FIELDS - IF INFORMATION IS MISSING WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION AND THE FORM WILL BE RETURNED TO YOU AND THE APPLICATION WILL BE STOPPED UNTIL ALL REQUIRED INFORMATION IS SUPPLIED**

Please attach any relevant documentation to support your application

**PLEASE CONTACT THE SP HUB ON 01202 451265 IF YOU ARE UNSURE HOW TO COMPLETE THIS FORM**

<http://www.bournemouth.gov.uk/Housing/HelpwithHousing/HousingSupportServices/ReferringAClientThroughTheSPHub.aspx>

**THIS FORM MUST BE SENT TO**

**Email:** [sp.hub@bournemouth.gov.uk](mailto:sp.hub@bournemouth.gov.uk)

**PLEASE DO NOT POST OR ATTEMPT TO FAX THIS FORM**

|  |  |  |
| --- | --- | --- |
| **SECTION A – REFERRER’S DETAILS** (If you are applying on your own behalf please leave this blank) | | |
| A.1 | Referrers Name |  |
| A.2 | Agency/Organisation |  |
| A.3 | Team/office |  |
| A.4 | Email |  |
| A.5 | Phone number |  |

|  |  |  |
| --- | --- | --- |
| **SECTION B – APPLICANT’S DETAILS**  **PLEASE ENSURE THAT THERE IS A CONTACT NUMBER FOR THE APPLICANT-IF NONE AVAILABLE PLEASE INDICATE WHETHER THE REFERRER CAN BE CONTACTED. IF THIS IS NOT POSSIBLE PLEASE GIVE THE APPLICANT THE SP HUB CONTACT NUMBER AND ADVISE THEM TO CONTACT THE SP HUB TO CHECK THE STATUS OF THEIR REFERRAL** | | |
| **B.1** | **Title** |  |
| **B.2** | **Forename(s)** |  |
| **B.3** | **Surname** |  |
| **B.4** | **Date of birth** |  |
| **B.5** | **Gender** |  |
| **B.6** | **Contact Number** |  |
| **B.7** | **National Insurance (NI) number** |  |
| **B.8** | **e-mail** (if available**)** |  |
| **B.9** | **Social Services No** (if applicable) |  |
| **B.10** | **PNC ID** (if applicable) |  |
| **B.11** | **Nationality** |  |
| **B.12** | **Immigration status** (if applicable) |  |
| **B.13** | **Do you have recourse to public funds?**  **IF YOU ARE UNSURE WHETHER YOU HAVE RECOURSE TO PUBLIC FUNDS PLEASE CONTACT THE SP HUB BEFORE CONTINUING WITH THIS APPLICATION**  **Is the applicant entitled to benefits including housing benefit?** | Yes  No |
| **B.14** | **Do you have any communication needs you would like us to consider** |  |

|  |  |  |
| --- | --- | --- |
| **SECTION C - LOCAL CONNECTION** | | |
| **C.1** | **Do you have a local connection to Bournemouth as defined within the Reconnections Protocol? If yes, please detail. Previous address evidence can be listed at the end of this form in the additional information section S** |  |
| Please see the Reconnections Policy for a full definition of local connection. This can be found at  <http://www.bournemouth.gov.uk/Housing/HelpwithHousing/HousingSupportServices/ReferringAClientThroughTheSPHub.aspx>  **If in doubt about how to evidence local connection, please contact the SP Hub before continuing with the application** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION D - CURRENT ACCOMMODATION** | | | | | | |
| **D.1** | **Private rented** |  | | B&B/emergency accommodation | |  |
| **Council/Housing Association rented** |  | | Bail/Probation hostel/approved premises | |  |
| **Owner occupier** |  | | Prison | |  |
| **Registered home** |  | | **Rough sleeping** | |  |
| **Supported Housing** |  | |  | |  |
| **Staying with friends/family short term** |  | |  | |  |
| **Treatment centre**  (please state where and which authority is funding the placement): | | | | | |
| **Hospital**  (please state which and length of stay): | | | | | |
| **Other** – please specify: | | | | | |
| **D.2** | **Current address** (if currently in hospital, prison or rough sleeping please state previous address) | |  | | | |
| **D.3** | **How long have you been where you are currently staying/rough sleeping?** | |  | | | |
|  | | | | | | |
| **D.4** | **Is there a date by which the current address must be vacated?** Please state date and why | |  | | | |
| **D.5** | **Is your accommodation at immediate risk?** Please provide details e.g. rent arrears, notice issued etc | |  | | | |
| **D.6** | **Are you expecting a child? If so, when?**  (evidence may be required depending on the housing options considered) | |  | | | |
| **D.7** | **Do you have any children you would like**  **to be able to live with you or visit you if this was possible?**  Please give gender and ages:  (please note this is not possible in most supported housing services) | | **Live with** | | **Visit** | |
|  | |  | |
| **D.8** | **Do you own a pet?** provide details | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION E - THE HOUSING REGISTER** | | | | | | | | | | | |
| **E.1** | **Are you on Bournemouth’s Housing Register?** | | | | | Yes  No | | | | | |
| **E.2** | **Date of registration** | | | | |  | | | | | |
| **E.3** | **Allocated band** | **Emergency** |  | **Gold** |  | **Silver** |  | **Bronze** |  | **Unsure** |  |
| **E.4** | **FOR USE BY HOUSING OPTIONS**  **Statutory duty owed to you**  **Priority**  **Non Priority**  **Unsure**  **Not been assessed** | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION F – THIS SECTION NEED ONLY BE COMPLETED FOR APPLICANTS CURRENTLY IN CUSTODY OR UNDER A COMMUNITY OR SUSPENDED SENTENCE ORDER** | | | | |
| **F.1** | If you are leaving prison, what was the length of your sentence? | |  | |
| **F.2** | **Details of any licence conditions on release** | | **Start date** | **End date** |
| N/A | |  |  |  |
| Contact requirement | |  |  |  |
| Prohibited activity requirement | |  |  |  |
| Residency requirement | |  |  |  |
| Prohibited residency requirement | |  |  |  |
| Programme requirement | |  |  |  |
| Curfew requirement | |  |  |  |
| Exclusion requirement | |  |  |  |
| Supervision requirement | |  |  |  |
| Non-association requirement | |  |  |  |
| **F.3** | **Any supervision details on release** | | **Start date** | **End date** |
| N/A | |  |  |  |
| Extended Sentence Licence | |  |  |  |
| Life Licence | |  |  |  |
| ACR/DCR Licence | |  |  |  |
| Community/Suspended Sentence Order | |  |  |  |
| HDC | |  |  |  |
| YOI Licence | |  |  |  |
| **F.4** | **Requirements attached to any Community or Suspended Sentence Order** | | **Start date** | **End date** |
| N/A | |  |  |  |
| Supervision | |  |  |  |
| Unpaid work | |  |  |  |
| Specified activity | |  |  |  |
| Programme | |  |  |  |
| Prohibited activity | |  |  |  |
| Curfew | |  |  |  |
| Exclusion | |  |  |  |
| Residence | |  |  |  |
| Mental Health Treatment | |  |  |  |
| Drug Rehabilitation | |  |  |  |
| Alcohol Treatment | |  |  |  |
| Attendance Centre | |  |  |  |
| **F.5** | **Please provide any relevant further details** e.g. programme requirement | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION G - RESTRICTIONS ON WHERE YOU LIVE OR REQUIREMENTS ON YOUR BEHAVIOUR** | | |
| **G.1** | **Are you required to notify the Police in accordance with the Sex Offenders Act 1997?** If yes, please give details |  |
| **G.2** | **Are you under an Acceptable Behaviour Contract or Anti Social Behaviour Order?** If yes, please give details |  |
| **G.3** | **Are there any restrictions or specific requirements in relation to the type or location of accommodation you live in?** e.g. anticipated bail conditions, MAPPA**.**  **If yes please provide details. Name any locations that should be avoided and explain why, such as victim contact issues, exclusion zones and prohibited activities** |  |
| **G.4** | **If you have answered yes to any of the 3 questions above, your Offender Manager or a relevant person within Probation or Dorset Police will be contacted to approve any potential accommodation. Please provide the name and contact details of your Offender Manager or other relevant person:** | Name: |
| Agency: |
| Contact details: |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION H – OFFENDERS AND THOSE WITH A HISTORY OF OFFENDING** | | | |
| **H.1** | **Is the applicant subject to MAPPA? If yes please give Level (1-3)** | Yes  No | Level: |
| **H.2** | **Is this applicant a PPO?** | Yes  No | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION I - OTHER AGENCIES OR INDIVIDUALS WORKING WITH YOU** e.g. Consultant/Specialist/Social Worker/CPN/Offender Manager/Pathways Worker/GP etc | | | |
| Name | **Agency or relationship** | **Email** | **Phone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION J - The following information will help us to recommend the most suitable supported housing service for you so it is important to give full answers. It will not be used to refuse access to supported housing except where your needs or risks would not be manageable within the supported housing services available** | | | | | | | |
| J.1 | Do you have a Mental Health Diagnosis and/or a diagnosed learning disability? Please give details |  | | | | | |
| J.2 | If yes to J1, are you subject to CPA or Standard? Please state |  | **J.3** | | **Are you under Section 117?** | | Yes  No |
| J.3 | Are you a Looked after Child, Child in Need or Care Leaver? Specify |  | **J.4** | | **Do you have a completed CAF?** | | Yes  No |
| J.4 | If you have been evicted from or had to leave your home in the last six months please detail where from and why |  | | | | | |
| **J.5** | **Do you currently misuse or have you in the past misused substances (including alcohol/prescribed/illicit drugs)?** | **In the past** (detail) | | | | **Currently** (detail) | |
|  | | | |  | |
| **J.6** | **Do you have any Current or Previous Convictions or any outstanding court appearances?** Please detail including any sentences (continue on additional information sheet on back of form if necessary) |  | | | | | |
| **J.7** | **Are you currently open to Probation?** | | | Yes  No | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION K – RISKS**  **THIS SECTION WILL BE USED TO IDENTIFY THE MOST SUITABLE ACCOMMODATION. PLEASE COMPLETE FULLY WITH DETAILS WHERE A RISK HAS BEEN INDICATED.YOU MUST SUPPLY DATES AND CONTEXT.** | | | | | |
| **K.1** | **Do you have a history of or do you currently present any of the following risks:** | **Yes** | **No Known history** | **Risk level**  **L = Low**  **M = Medium**  **H = High**  **V = Very High** | **Detail below including incidents, dates, sentences and any relevance to the type and location of accommodation or support required** (when completing electronically boxes will expand) |
| **Threatening behaviour or aggression towards children (own or other)** |  |  | L  M  H  V |  |
| **Towards Women** |  |  | L  M  H  V |  |
| **Towards ethnic groups** |  |  | L  M  H  V |  |
| **Towards Gay/Lesbian/**  **Bi-Sexual or Transsexual** |  |  | L  M  H  V |  |
| **Towards Family members** |  |  | L  M  H  V |  |
| **Towards other adults** e.g. risk to children (RC) offenders |  |  | L  M  H  V |  |
| **Towards Staff** |  |  | L  M  H  V |  |
| **Towards the Public** |  |  | L  M  H  V |  |
| **Any convictions for racially motivated crime** |  |  | L  M  H  V |  |
| **Risk of using/carrying weapons** |  |  | L  M  H  V |  |
| **Arson** |  |  | L  M  H  V |  |
| **Sexual offences or sexually inappropriate behaviour** |  |  | L  M  H  V |  |
| **Exploiting or manipulating others** |  |  | L  M  H  V |  |
| **Perpetrator of domestic abuse** |  |  | L  M  H  V |  |
| **Attempted suicide or suicidal thoughts** |  |  | L  M  H  V |  |
| **Any incidents of self harm** |  |  | L  M  H  V |  |
| **Any illness which may present risks to you** |  |  | L  M  H  V |  |
| **Suffered from domestic abuse** |  |  | L  M  H  V |  |
| **Being exploited or manipulated by others** |  |  | L  M  H  V |  |
| **Risk of violence or harassment from others** |  |  | L  M  H  V |  |
| **Have been or are currently a sex worker** |  |  | L  M  H  V |  |
| **Lack of engagement with services/treatment** |  |  | L  M  H  V |  |
| **Additional risk areas** |  |  | L  M  H  V |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION L - YOUR SUPPORT NEEDS** | | | | | | | | | | |
| **L.1** | **Please tick**  **0** – No support required  **1** – Some support required e.g. prompting  **2** – Support required, require this to be done for you initially and possibly require some support for longer (medium)  **3**– High support need in this area (high) | | | | | | | | | |
|  | **0** | **1** | **2** | **3** |  | **0** | **1** | **2** | **3** |
| **Accessing GP/treatment services e.g. drug and alcohol, other health services** |  |  |  |  | **Motivation** |  |  |  |  |
| **Managing finances-budgeting/paying bills/claiming benefits/managing tenancy** |  |  |  |  | **Social interaction/making contact with family or friends** |  |  |  |  |
| **Tenancy related skills-maintaining tenancy, accessing suitable private rented accommodation etc** |  |  |  |  | **Daily structure/timings** |  |  |  |  |
| **Cooking/laundry/cleaning** |  |  |  |  | **Accessing education/ training, voluntary work or employment** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **SECTION M - FOR APPLICANTS APPLYING FOR DRY HOUSE SUPPORTED ACCOMMODATION** | | |
| **Must be accompanied by Bournemouth Assessment Team care plan** | | |
| Bournemouth Assessment Team (BAT) care plan attached/Information from OM dealing with DRR | Yes | No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION N – INCOME** | | | | | | | |
| **N.1** | **IF YOU ARE UNSURE WHETHER YOU HAVE RECOURSE TO PUBLIC FUNDS PLEASE CONTACT THE SP HUB BEFORE CONTINUING WITH THIS APPLICATION** | | | | | |  |
| **Benefit** | | **Frequency** (e.g. weekly) | **Amount** (if known) | **Benefit** | **Frequency**  (e.g. weekly) | **Amount**  (if known) | |
|  | |  | £ |  |  | £ | |
|  | |  | £ |  |  | £ | |
|  | |  | £ |  |  | £ | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION O - ACCOMMODATION REQUIREMENTS** | | | |
| **O.1** | **Do you need night cover?** | | |
|  | Not required | |
|  | Sleep in staff on site | |
|  | Awake member of staff on site (waking) | |
|  | Emergency call out over night | |
| **O.2** | **Preference for staff presence** | | |
|  | Staff visit the premises | |
|  | Staff based on the premises during the day time | |
|  | 24 hour staffing on site | |
| **O.4** | **Please state if there are any preferences for accommodation\*** | |  |
| **O.5** | **Please detail any disability requirements** (e.g. wheelchair access) | |  |
| **O.6** | **Is there any service you would not wish to be referred to and why\*** | |  |

\*Please note it may not be possible to meet your requirements/preferences

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION P - APPLICANT MONITORING** (see section 5.16 of the Guidance Manual). | | | | | | | | | | | | | | | | |
| **White** | English/Welsh/Scottish/Northern Irish/British | | | | | | | | | Irish | | Gypsy or Irish Traveller | | | | |
| Any other White background (please specify if you wish) | | | | | | | | | | | | | | | |
| **Mixed** | White & Black Caribbean | | | | | | White & Black African | | | | | | White & Asian | | |  |
| Any other Mixed/multiple ethnic background (please specify if you wish) | | | | | | | | | | | | | | | |
| **Asian or**  **Asian British** | | | Indian | | | Pakistani | | | | | Bangladeshi | | | Chinese | | |
| Any other Asian background (please specify if you wish) | | | | | | | | | | | | | |
| **Black or Black British** | | | Caribbean | | African | | | Any other Black/African/Caribbean background (please specify if you wish) | | | | | | | | |
| **Arab** | |  | | **Other Ethnic Group** | | | | |  | | **Prefer not to say** | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation** | Heterosexual | Gay Man | Gay Woman/Lesbian |
| Bisexual | Prefer not to say | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you consider you have a disability?** | Yes | No | Prefer not to say |

|  |  |
| --- | --- |
| **SECTION Q – APPLICANT AND REFERRER DECLARATION**  **PLEASE ENSURE THAT THE APPLICANT UNDERSTANDS THIS CONSENT TO SHARE. IF NOT COMPLETED IN PERSON PLEASE COMPLETE SECTION AFTER SIGNATURE AND READ CONSENT DECLARATION TO THE APPLICANT** | |
| I agree to allow any information contained within this document to be shared with housing providers and any other organisation that may be able to assist in providing me with suitable accommodation, including agencies and organisations that may offer support for any issues I may have. I agree to Bournemouth Borough Council obtaining further relevant information for the processing of my application, for example from other agencies which hold relevant information about me.  I understand that each organisation that the SP Hub may share my information with, will have their own confidentiality policy, and in normal circumstances will not disclose my information further. However, if there is a serious risk of harm to others, or myself, section 115 of the Crime and Disorder Act 1998 provides for my information to be discussed as is considered necessary.  I agree to personal details and monitoring information being stored by the SP Hub and other agencies contacted to assist me.  I agree to the SP Hub monitoring my progress in relation to accommodation for research purposes (and for those leaving prison information may be collected on re-offending rates). I understand any published information will not identify any individuals.  **The information above is accurate to the best of our knowledge** | |
| **Applicant\*** | **Referrer** |
| Name | Name |
| Date | Date |
| **Signature (please print off and keep a signed hard copy for your records)** | **Signature (please print off and keep a signed hard copy for your records)** |
| **\*If alternative communication methods have been used please give brief details here and confirm applicant agreement to sharing information** | |
|  | |

**THIS FORM MUST BE SENT TO**

**Email:** [sp.hub@bournemouth.gov.uk](mailto:sp.hub@bournemouth.gov.uk)

|  |
| --- |
| **SECTION S - ADDITIONAL INFORMATION SECTION**  **PLEASE USE THIS SECTION TO GIVE EVIDENCE OF LOCAL CONNECTION AND ANY OTHER INFORMATION THAT YOU FEEL IS RELEVANT TO YOUR APPLICATION** |
|  |