



## WILLOWBROOK PLACE REFERRAL FORM

### Section 1: Personal Details

<b>Full Name:</b>		
<b>Last settled address:</b>		
<b>Correspondence address if different</b>		<b>Gender: Male / Female</b>
<b>Email contact:</b>	<b>Contact Tel No:</b>	<b>Mobile Tel No:</b>
<b>D.O.B:</b>	<b>Age:</b>	<b>NI number:</b>
<b>First Language:</b>	<b>Marital status:</b>	<b>Ethnicity:</b>
<b>British citizen: Yes / No If no, immigration status:</b>	<b>Do you have a partner Yes/ No If Yes, please give details.</b>	
<b>Lived in UK for last 5 years:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is young person a parent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of child</b>	<b>Age</b>	<b>Sex</b>
<b>Is young person pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Expected date of delivery:</b>
<b>Name of parent[s]:</b>	<b>Address &amp; Tel No:</b>	
<b>Relationship to young person? i.e. Mother, Aunt etc:</b>		

SS104

<b>Have next of kin been contacted? Outcome of contact (including details of any attempted family reconciliation):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Would further family mediation / Family Intervention Service be appropriate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Source of referral:</b>
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**Section 2: About Them**

**What is their present housing situation? Why is a referral being made? Where are they currently living?**

**What action has been taken to prevent homelessness?**

Has a CAF ever been completed with the Young Person?  Yes  No  
**If yes, can a copy be attached to this form?**

**Declaration – signed by young person**

<p><i>I understand that any information given which is found to be false may put any offers of accommodation at risk</i></p> <p>I declare that the details given for the purpose of this application are correct I declare that I have not withheld information</p> <p><b>Signed:</b></p>
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**Employment / School / College / Income Details**

Are they at School or College?  Yes  No  
 Name of School / College:

What secondary School did they attend / are they attending?

Have they completed / are they completing any training?  Yes  No

Are they in employment?  Yes  No Number of hours worked per week:

How long have they been employed there? Income per week:  
 £

Are they in receipt of / have applied for any benefits (eg. JSA, IS) / Leaving Care Allowance?  Yes  No  
 Please provide details:

Are they in receipt of housing benefit?  Yes  No  
 Do they have any debts?  Yes  No  
 If yes, please provide details:

**Section 3: Reason for Homelessness**

Please tick reasons why young person is homeless:	
Asked to leave by parents	
Asked to leave by other family member / friends	
Eviction by landlord	
Care leaver ready for more independent accommodation	
Leaving custody	
Leaving hospital	
Experiencing or at risk of violence / abuse / serious harassment at current / or previous address	
Fleeing domestic violence	
Sleeping rough	
Other reason – <i>please specify:</i>	

If yes to any of the reasons listed above, please provide details:

Please tick any factors that have contributed to homelessness:	
<b>1</b>	At risk of / is experiencing, physical, sexual or emotional abuse
<b>2</b>	At risk of / experiencing financial/ sexual exploitation
<b>3</b>	Severe conflict in home, e.g. psychiatric illness / drug use of parents
<b>4</b>	Is pregnant
<b>5</b>	Suffering difficulties as a result of mental illness, physical illness or disability

<b>6</b>	Has learning disability and is finding it difficult to cope	
<b>7</b>	Overcrowding within current housing	
<b>8</b>	Continual arguments in home	
<b>9</b>	At risk of becoming / is involved in offending or anti-social behaviour	
<b>10</b>	Young person unable to live within the rules of the house	
<b>11</b>	At risk of / is involved in substance misuse	
<b>12</b>	Young person not making a financial contribution to current household	
<b>13</b>	Other reason – <i>please specify:</i>	

**If yes to 7 – 12, does young person feel their behaviour is impacting on / contributing to the situation at home?**

***Opinion of assessor to above response:***

**Are there other family or friends they can stay with?**

<b>Relationship</b>	<b>Name</b>	<b>Address</b>	<b>Tel No</b>	<b>Confirmed if can stay / for how long?</b>

**Has young person had previous involvement with a social worker? Yes / No**

<b>If known, what duty have Children's Services accepted to the young person?</b>  <b>Name of social worker:</b>  <b>Details of social work input (Pathway Plan, etc):</b>		<b>Tick</b>
	<b>S17 supported outside care system</b>	
	<b>S20 looked after child</b>	
	<b>Care leaver – Relevant child</b>	
	<b>Care leaver – Former relevant</b>	
	<b>Care leaver – S24 qualifying child</b>	

<p><b>If known, has Housing Department accepted a statutory homeless duty before or provided Housing Options advice?</b></p> <p><b>Name of housing officer:</b></p>	<b>Yes</b>	<b>No</b>	<b>Pending</b>
<p><b>Is young person on housing register?</b></p>	<b>Yes</b>	<b>No</b>	<b>Pending</b>

<b>Addresses over past 5 years</b>				
<b>Address</b>	<b>Dates lived there</b>	<b>Tenure</b>	<b>Landlord</b>	<b>Reason for leaving /problems managing</b>

**Is there any rent owed Yes / No**

**If yes, how much? £**

### Health and Support

Are they registered with a GP? Yes / No  
Do they have any medical conditions, physical and / or learning disability? Yes / No If yes, give full details:

Do they have emotional / mental health needs? Yes / No If yes, give details:  
Self-Harm Yes / No Depression Yes / No

Anxiety Yes / No Feeling low / tearful Yes / No

Feeling suicidal / has previously attempted: Other:  
Yes / No

Do they currently take any prescribed medication? Yes / No If yes, give details (what symptoms occur if you do not take your medication?)

Do they have any behavioural issues you need support with, e.g.:  
ADHD Yes / No

Autism Yes / No

Aspergers Yes / No Other:

Do they receive any help from the following:

Community Psychiatric Nurse Yes / No

Psychiatrist Yes / No

Psychologist Yes / No

Community Support Worker Yes / No

Relatives Yes / No

Advocate Yes / No

Other:

Do you have a CPA in place Yes/ No

### Drugs and Alcohol

Do they use drugs? Yes / No

Do they use alcohol? Yes / No

If yes, which drugs / how much / how often?

Last time drugs used:

If alcohol is used, how much consumed / how often / resulting behaviour?

Please give details if drug/alcohol use affected any previous accommodation:

**Do they receive on-going drug/alcohol support? Yes / No**

**If yes, please give details of support given:**

**Do they wish to receive support? Yes / No**

### **Offending History**

**Do they have any criminal convictions or cautions? Yes / No**

**If yes, give dates of convictions and offences – including anti-social behaviour / physical aggression arson / destruction of property:**

**Do they have any court dates or Police investigations pending? Yes / No**

**If yes, what is the charge / alleged offence?**

**Do they have any licence conditions, restrictions or requirements placed on them?  
Yes / No**

**If yes, what are these? – please be specific about places and people:**

**Has the youth offending service been contacted to verify information? Yes / No**

**Details:**

**Contact Information**

<b>Person/Organisation</b>	<b>Name:</b>	<b>Contact Details</b>
Social Worker		
Housing Adviser		
Midwife/Health Visitor		
Youth Offending Team / Probation		
Connexions Personal Adviser		
Leaving Care Personal Adviser		
Outreach / floating support		
GP		
CPN / psychologist		
Other		



**Additional Information**

**Please provide any further information which may be helpful to this applicant's application:**

**Are there any reasons why a support worker or other professional should not visit the home address alone? Please give full details:**

**Willowbrook Place referrals will be assessed on a needs led basis on the waiting list, therefore please advise us as soon as possible if you become aware of any changes in the needs of your customer.**

**Signatures of Referral Workers**

**Name of worker:**

**Agency:**

**Signed:**

**Date:**

**Name of worker:**

**Agency:**

**Signed:**

**Date:**

*Note: Where form completed jointly, both workers should sign the form*

Please return to:

E-mail: [referral@goldinghomes.org.uk](mailto:referral@goldinghomes.org.uk)

Post: Head of Support Services  
Golding Homes.  
Whatman House,  
St Leonard's Rd,  
Maidstone.ME16 0LS

Fax: 01622-212536

**Consent to Share Information**

Appendix1

<b>Name:</b>	<b>Date of birth:</b>
<b>Address:</b>	
<p>I give Golding Homes permission to receive information relating to my accommodation needs, support needs, benefit enquiries and other relevant information. This will enable Golding Homes to assess my needs and provide support as necessary.</p>	
<p>Information to be shared.....  .....  .....</p>	
<p>I do not wish you to share information about.....  .....  .....</p>	
<b>Young Persons Signature:</b>	
<b>Date:</b>	