



REFERRAL FORM

LEARNING DISABILITIES

Please Note: Referrals will only be considered when the following information has been provided to Colebrook Housing Society Ltd.

- Application Form – signed
- Care Plan/Support Package
- Risk Assessment
- Consultants Letter
- Benefits & Finance Form

Registered Office: 3 Woodland Terrace, Greenbank, Plymouth, PL4 8NL

Tel: (01752) 205210 Fax: (01752) 201716

COLEBROOK HOUSING SOCIETY – REFERRAL FORM

Where possible you should complete this form with the person who is referring you or supporting you with your referral. The information given on this form is treated in confidence and will be used solely for the purpose of assessing your application for supported housing with Colebrook Housing Society.

Applicant:

Name:

Date of referral:

Date of birth:

Age:

Current contact address:

Telephone no / e-mail address:

Referring agent:

Name:

Telephone no:

Address:

E-mail address:

Care Manager:

Name:

Telephone no:




Address:


E-mail address:



Do you have any support/contact with any of the following and how often?

	Yes	No	How often	Name & Telephone no.
Doctor				
CPN				
District/Practice Nurse				
Consultant				
Social Worker				
Other specialist services				
Family/friends				
Advocate				
Other – please state				

SKILLS/NEEDS ASSESSMENT – Please fill in all questions and be clear about the support that you need.

AREAS OF SUPPORT (Please tick)	TYPE OF SUPPORT NEEDED		
	None/Can do on my own	Minimal support	I need a lot of support
			
Social skills:			
I can speak up for myself			
I can make a complaint appropriately			
I can understand friendships and boundaries			
I can talk about my problems			
Any additional comments:			
 			
Daily living skills:			
I can manage my personal care			
I can cook meals			
I can do shopping			
I can budget my money			
I can understand my benefits and/or wages			
I can fill in forms			
I can use transport and get around safely i.e. bus/train			
I have an understanding of road safety			
I can keep myself safe			
Any additional comments:			

AREAS OF SUPPORT (Please tick) 	TYPE OF SUPPORT NEEDED		
	None/Can do on my own	Minimal support	I need a lot of support
Communication needs:			
I can use the telephone			
If I am upset I can contact somebody			
I can read			
I can write			
Any additional comments: 			
Health needs:			
I can make and attend appointments			
I understand my health needs			
I can manage my stress			
I can manage my anger and frustration			
I can manage my diet			
I can manage my medication			
I can manage my behaviour			
Any additional comments: 			

AREAS OF SUPPORT (Please tick) 	TYPE OF SUPPORT NEEDED		
	None/Can do on my own	Minimal support	I need a lot of support
Interests and activities:			
I can find out about college courses on my own			
I can find out about sports & social clubs on my own			
I know how to find out about voluntary work			
I know how to find a job			
Any additional comments:			
Spiritual and Cultural: 			
I know about my religion & where to practice it			
I know how to find out about groups & events			
Any additional comments:			
Other:			
I can access support groups relevant to my needs			
I know who is involved with my support			
Any additional comments:			

Colebrook staff will help you develop a support plan and will help you set targets in agreed areas. Please be aware that in your referral meeting you will be asked whether you are willing to work alongside staff in meeting these.

ACCOMMODATION INFORMATION

1. Tell us where you live now and why you want to move:

2. Do you have any other needs to help you live in your new home? e.g. ground floor?

(Please tick)	YES	NO
Do you have a learning disability?		
Do you have a physical disability?		
Do you have mental health problems?		
Do you have other medical needs?		
Do you need support to manage drugs/alcohol?		

Have you been convicted of any criminal offence, which is not considered spent under the Rehabilitation of Offenders Act 1974?

Yes No

If yes, please give details on a separate sheet and attach in a sealed envelope marked Confidential.

Anything else you would like to say in support of your application?

DECLARATION

I _____, the applicant, have checked the information and answers and these are true and accurate to the best of my knowledge. I also give my consent that Colebrook Housing Society can contact the person who is referring me/supporting my application and to discuss any queries in my application and the outcomes of my application.

Signed: _____ **Date:** _____

TO BE SIGNED BY THE PERSON SUPPORTING/MAKING THE REFERRAL:

I have checked the information given by my client and I agree with the majority of answers. Please state areas of disagreement

Signed: _____ **Date:** _____

Please note that referrals will be considered in relation to project criteria, project dynamics and support acceptance.

Priority will be given to those who are at risk of abuse or currently homeless.

Due to the confidential nature of this information it is essential that this application is marked **Private and Confidential** and is returned to the address below for the attention of the Referrals Team:

Colebrook Housing Society
3 Woodland Terrace
Greenbank
Plymouth
PL4 8NL