



REFERRAL FORM

MENTAL HEALTH SERVICES

Please indicate whether referral is for Floating Support or Supported Housing

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 (or other relevant supporting medical evidence)
- Benefits & Finance Form

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

Registered under the Industrial & Provident Societies Act 1965 No: 24048 R

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 on this form is confidential and will be used for the purpose of assessing your application for support from Colebrook Housing Society and delivering support if accepted. It will be stored in accordance with the Data Protection Act.

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 Co-ordinator:

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				

ACCOMMODATION INFORMATION

1. Tell us about your current housing and any difficulties you are experiencing:

2. Are there any areas in Plymouth which would not be suitable for your needs?

3. Do you have any specific needs in relation to your housing e.g. ground floor?

SUPPORT INFORMATION

Colebrook provides supported housing; therefore please indicate where you may need help from staff.

1. Finance Benefits, budgeting, savings, bill payments, debt etc

2. Training and education Accessing training or educational opportunities

3. Leisure hobbies, building confidence, joining clubs

SUPPORT INFORMATION CONTINUED

4. Daily living skills managing day to day living, cooking, shopping, personal hygiene, diet, transport etc

5. Cultural, spiritual & faith access to religious organisations, info regarding festivals, translator services, activities relating to identity, sexuality awareness etc

6. Work activities Voluntary, unpaid, work placements, trainee placements

7. Health needs managing stress, anger & frustration, ability to talk about problems, help understanding diagnosis etc

8. Social skills ability to speak up, make complaints, maintaining relationships & boundaries etc

(Please tick)	YES	NO
Do you have a Learning Disability?		
Do you have a Physical Disability?		
Do you have a Mental Health diagnosis?		
Do you have any other medical needs?		
Do you need support to manage drugs / alcohol?		

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.

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 want to say to support your application for support:

DECLARATION

To be signed by the applicant:

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 and I support this application.

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:

Please ensure that the correct postage is used as this may delay the application being received

Colebrook Housing Society
Woodland Terrace
Greenbank
Plymouth
PL4 8NL



Equal Opportunities Monitoring Form

Please complete and return with your application form.

Please help us to ensure Colebrook Housing Society is representative of Plymouths diversity by filling out the information below. The data will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation. The data will only be used for monitoring purposes and will not be taken into account when assessing information on your application form.

Do you define your gender as

Male

Female

What age group do you belong to?

16-25 26-35 36-45 46-55 over 56

Ethnic origin

How would you describe your ethnic origin?

White

- British
- Irish
- Any Other White Background

Mixed Heritage

- White and Asian
- White and Black Caribbean
- White and Black African
- Any Other Mixed Background

Asian, Asian British.

- Indian
- Pakistani
- Bangladeshi
- Any Other Asian Background

Black, Black British.

- Caribbean
- African
- Any Other Black Background

Chinese, Chinese British.

- Chinese
- Any Other Chinese Background

Any Other Ethnic Background

Do not wish to declare my Ethnic origin

How did you become aware of Colebrook accommodation / services?

Date form completed

CHECKLIST FOR CLIENT MOVE INS – BENEFITS & FINANCES

Colebrook Housing Society offers support with benefits & money issues. To make sure that we support you properly we need to be aware of any difficulties you have with benefits or money and debts. We realise that some of these questions are quite personal but we ask them so that we can:

- Check whether you are getting all the benefits you are entitled to
- Work out whether you will be able to afford the personal charge with Colebrook Housing Society including how much Housing Benefit you are likely to receive
- Begin to put together a plan to help you if you have any debts, problems with benefits or difficulties managing your money

Please note that we will not refuse you accommodation just because you have debts or other money problems.

Therefore can you please answer the following questions as fully and honestly as you can, selecting **Yes or No** and filling in the details asked for. You may then be offered support to look at any particular areas.

1. Do you owe the Housing Benefit department any money? If so, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you owe anyone else any money? (e.g. your landlord / lady, credit card companies, catalogues, doorstep lenders) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you receiving Income Support / Employment & Support Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you thinking about going bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you working? If so, how many hours per week? How much are you paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have any savings above £6,000 If so, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you own a house?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you a student? If so, can you please give some details (e.g. what course, which college, how many hours per week etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have any identification? (e.g. passport, driving licence, birth certificate, anything with your photo and/or name on it?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are you able to manage your own money (e.g. can you run a bank account, can you remember a pin number and keep it secret?)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please sign to say that the information you have given is true and accurate as far as you know:

Signature: _____ **Print Name:** _____ **Date:** _____

If later on we find out that you have given us information which is untrue, this may affect the support we are able to give you.

FOR OFFICE USE ONLY

If any issues are identified in the questionnaire please copy to the Social Inclusion Manager and retain a copy on the clients' file.

This highlighting of benefit / money issues should then be fed into an appropriate support plan.