



REFERRAL FORM

MENTAL HEALTH SERVICES

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 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?		

Anything else you want to say to support your application for supported housing:

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.

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:

Colebrook Housing Society
Woodland Terrace
Greenbank
Plymouth
PL4 8NL

Colebrook Housing Society Ltd

3 Woodland Terrace, Greenbank, Plymouth PL4 8NL

Telephone: 01752 205210 Fax: 01752 201716

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