Referral for Supported Accommodation 

Priestgate Home Care is a private company that provides safe, secure, supportive, and nurturing environments for young people age 16-25 years, transitioning to independent living.

We only provide accommodation that we would be happy to live in ourselves. We know that if we provide good quality services, young people will choose us to be their care provider and choose to stay with us for a long time.

Please complete this form with as much detail as possible and be honest. It means that we can look for and/or adapt accommodation that best suits your needs.

Who is the placement referral for?

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |  | Surname |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Any previous names? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | National Insurance Number |  |

|  |  |
| --- | --- |
| Current Address (Including Postcode) |  |
| Contact details (mobile & email address) |  |

Would you like us to speak to anyone about your placement?

(Include details of Support Workers/PA, OT’s, Nurses, Other Support Services)

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address (Including Postcode) |  |
| How do you know them? |  |
| Contact details (mobile & email address) |  |

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address (Including Postcode) |  |
| How do you know them? |  |
| Contact details (mobile & email address) |  |

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address (Including Postcode) |  |
| How do you know them? |  |
| Contact details (mobile & email address) |  |

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address (Including Postcode) |  |
| How do you know them? |  |
| Contact details (mobile & email address) |  |

Where do you live now?

|  |  |
| --- | --- |
| What type of accommodation is it? |  |
| Are you a care leaver? |  |
| Which is your local authority? |  |
| Do you live alone or share with others? |  |
| How long have you lived here? |  |
| Please tell us why the place your live in now is not suitable? |  |

|  |
| --- |
| Do you consider yourself to be … (Please tick only one) |
| White | ☐ British | ☐ Irish | ☐ Other |
| Mixed | ☐ White & Black Caribbean☐ White & Asian | ☐ White & Black African☐ Other |
| Asian or Asian British | ☐ Indian | ☐ Pakistani | ☐ Bangladeshi |
| Black or Black British | ☐ Caribbean | ☐ African | ☐ Other |
| Chinese or other ethnic group | ☐ Chinese | ☐ Other |
| I prefer not to answer this question | ☐ |

**Applicant’s Assessed Needs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant’s Assessed Needs/Issues | Main | Secondary |   | Main | Secondary |
|   | Tick one | Tick one |   | Tick one | Tick one |
| Physical Disability? | ☐ | ☐ | Violence towards others? | ☐ | ☐ |
| AIDS / HIV? | ☐ | ☐ | History of Arson? | ☐ | ☐ |
| Degenerative and debilitating illness? | ☐ | ☐ | Anti-Social Behaviour? | ☐ | ☐ |
| Learning Disabilities? | ☐ | ☐ | Vulnerability form others? | ☐ | ☐ |
| Mental Health related problems? | ☐ | ☐ | ADHD | ☐ | ☐ |
| Drug related problems? | ☐ | ☐ | Autism | ☐ | ☐ |
| Alcohol related problems? | ☐ | ☐ | Emotional Behaviour Difficulty  | ☐ | ☐ |
| Leaving penal establishment / probation referral? | ☐ | ☐ | Other |
| Health Condition e.g. Asthma | ☐ | ☐ | Please describe Health Condition |

**provide details to any of the above you have ticked, and any other support needs you require.**

|  |
| --- |
|  |

Person Making the Referral

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| How are you known to the applicant? |  |
| Contact Details (incl. telephone number and email address) |  |

**Does the Applicant agree to this referral being made?** Yes ☐ No ☐

**What are the reasons for the referral?** (Please continue on a separate sheet if necessary)

|  |
| --- |
|  |

Young Person to complete (Where Possible)

I confirm that this referral has been discussed with me and I agree to it being sent to PHC

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Authorisation to obtain and share information

**Data Protection Act and General Data Protection Regulations (GDPR)**

There are rules about how organisations should collect, use, and share personal information. These rules are set out in the Data Protection Act 1998 and the General Data Protection Regulations introduced in 2018 and we must comply with them.

PHC provides a service that offers you care support and advice in relation to your placement. To do this properly we may need to obtain further information about you from others or share information with others which may contain personal data.

The rules set out in the Data Protection Act and the GDPR say that we need to have your permission to obtain personal information relating to you from other and to share information about you with others. We will keep the information we obtain confidential and only use it for the purpose described below.

If you are happy for Priestgate Home Care to do this, please sign below.

**Permission to obtain information**

I give permission for Priestgate Home Care to:

* Hold personal information about me.
* Request further information about me from a third party and/or
* Share information about me with a third party, which may be held under the Data Protection Act 1998 and the GDPR for the purpose of assisting with my placement situation and related issues.

I also authorise ---**PHC Staff**---- to act on my behalf and in my interest to the purpose described above.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Please return to: - info@priestgatehomecare.co.uk

Referral for Supported Accommodation – Part 2 (18 -25 years)

Information required for Housing Benefit Application:

|  |  |
| --- | --- |
| **Name:** | **Address:** |
| **Do you receive/have you applied for** | **Which Rate** | **How Much** | **How Often** | **Start Date** |
| Universal Credit?**If your answer is Y, do you get the Housing Element Cost of Universal Credit?** | Y / NY / N |  |  |  |  |
| Income Support, Income-based JSA, Pension Credit? | Y / N |  |  |  |  |
| Employment & Support Allowance (ESA)*Please specify the components you receive* | Y / N | Assessment PhaseMain Phase |  |  |  |
| Work Related GroupSupport Group |
| Contribution BasedIncome Based |
| Disability Living Allowance (DLA) – Care? | Y / N | HigherMediumLower |  |  |  |
| Disability Living Allowance (DLA) – Mobility? | Y / N | HigherLower |  |  |  |
| Personal Independence Payment (PIP) – Daily Living? | Y / N | EnhancedStandard |  |  |  |
| Personal Independence Payment (PIP) – Mobility? | Y / N | EnhancedStandard |  |  |  |
| Attendance Allowance? | Y / N |  |  |  |  |
| Child Benefit? | Y / N |  |  |  |  |
| Any other benefits or allowances? Please specify | Y / N |  |  |  |  |
| Do you have any income from employment? | Y / N | Hours Worked? |  |  |  |
| Do you receive any money from any other sources? | Y / N |  |  |  |  |
| **Name of Bank, Building Society etc.** | **Sort Code** | **Account Number** | **Balance** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Completed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please continue on separate sheet if there is any additional information we may need to know.