SUPPORTED ACCOMMODATION REFERRAL FORM

Referrer …… Date…….

Email address…….

Primary Worker (if different)……Email address……. ….

Is the referral for House Project ☐ Housing Support flats ☐

Personal details

Name:	PER Number:
Date of birth:	Age:
Legal Status, eg Leave to Remain:	National Insurance Number: Proof on Eclipse? ☐
Gender:	Ethnic Origin:
Sexuality:	Religion:
Current Address:	

Current EET circumstances

In Education ☐ Work ☐ Training ☐ NEET ☐

Details:

Has the young person completed a successful stay in the Training Flat? ☐ If yes, what dates?

Health:

NHS number: Proof on Eclipse? ☐
Please give details of any medical conditions and any medication they are taking:
Are they registered as disabled? ☐

(if yes please give details)
Registered with GP?☐ Name and address:
Registered with dentist?☐ Name and address:

Source of income & Details **Do they have a pre-payment card? ☐**	**Income: £** per week/fortnight/month

Supporting Information/Comments *Please include most recent assessment, support plan, screening tools*

Involvement with other agencies

Please provide contact details of any other agency involved, eg CAMHS, YJS etc

Name: _____ Role: _____

Organisation: _____

Email: _____ Phone: _____

Reason for involvement: _____

Name: _____ Role: _____

Organisation: _____

Email: _____ Phone: _____

Reason for involvement: _____

Risk Assessment

Is there a risk assessment completed within the last 12 months on Eclipse? ☐

Next of kin: Relationship: Address: Contact number:

Signed _____ _____

(Young person) (Referrer)

Please send with an up to date risk assessment and any supporting information to:

House Project - Rapinder Sahota - Rapinder.Sahota2@wolverhampton.gov.uk

Housing Support - Brenda Murphy - Brenda.Murphy2@wolverhampton.gov.uk