

London Housing Trust

Eligibility Criteria , Assessment & Referral Form (Statutory Agencies)

The role of London Housing Trust

LHT provides supported accommodation to homeless clients with a defined support need. This form is the first test that we use in determining if the referred client is suitable for our service. We only take those clients who would benefit from LOW to MEDIUM Floating support. The main aim of our housing-related support is to develop and sustain an individual's capacity to live independently in their home. Support may include learning domestic or life skills; assistance with applying for benefits, budgeting and managing debts; gaining access to other support or community services, finding out about work or training and resettlement support to help set up and manage a new tenancy.

Who can be referred for assessment?

LHT works with a range of single, vulnerable, people including the following

- Young People at risk
- Young People leaving care
- Rough Sleepers
- Vulnerable offenders
- People with mental health difficulties
- People with a mild learning disability
- People who are dependent on drugs or alcohol
- People with HIV & Aids
- Refugees
- People with complex or multiple needs
- Victims of domestic violence

Please ensure that sufficient information is supplied regarding the clients circumstances
Please Include any supporting Documents

Once the referral has been made and the criteria are met you will be contacted to discuss the referral and arrange any further assessment required.

1. Referrers Details			
Agency Name & Address (including postcode)			
Referrer s Name			
Date form completed			
Position			
Tel. No.		Fax No.	
Email address			
How long has your agency known the client?			

2. Client Details			
Surname			
First Name (s)			
Address			
Date of Birth		Age	
Gender	Female <input type="checkbox"/>	Male	<input type="checkbox"/>
Tel. No.			
NI number			
First Language/ Interpreter needed?			
GP Details			
Is client pregnant ? If yes expected due date			
Is client on housing register? If yes, ref no			

3. Next of Kin Details (optional)			
Surname			
First Name			
Address			
Relationship		Telephone No.	

4. Clients Legal Status

Nationality	
Has the client lived outside of the UK within the last 5 years? (dates & location)	No
Does the client have leave to remain? (please tick)	Indefinite <input type="checkbox"/> Limited <input type="checkbox"/> Expiry Date:
Are there any conditions attached to their leave to remain? (details)	
Is client seeking asylum?	
When did client arrive in the UK?	
Has a decision regarding asylum claim been made? (details)	

5. Current Accommodation Details

Private Rented <input type="checkbox"/>	Council Tenancy <input type="checkbox"/>	Supported Housing <input type="checkbox"/>	Foster Care <input type="checkbox"/>
Rehab Unit <input type="checkbox"/>	Hostel <input type="checkbox"/>	Friends/Family <input type="checkbox"/>	Approved Premises <input type="checkbox"/>
Housing Association Tenancy <input type="checkbox"/>	Name of HA		
Rough sleeping <input type="checkbox"/>	B & B <input type="checkbox"/>	Parental Home <input type="checkbox"/>	Hospital Ward <input type="checkbox"/>
NFA <input type="checkbox"/>	Foster Placement <input type="checkbox"/>	Residential Care <input type="checkbox"/>	Prison <input type="checkbox"/>
Other <input type="checkbox"/>	Please specify		

6. Housing History (give details of accommodation over the last 5 years including hospital admissions, custodial sentences, periods in detox units and periods of street homelessness)

Address	From	To	Accommodation type	Reason for leaving/Landlord Contact

7. Institutional History

Address	Yes/No	Date of leaving
Care or hospital:		
Prison/YOI:		
Armed forces:		

8. Discharge/Release Details (complete this section if client is currently on a hospital ward, prison, YOI or rehab unit)

Planned/expected discharge or release date	
Discharge/release planning meeting date	

9. Can you stay with friends or family whilst we complete our assessment?

Yes No

Client currently in private rented accommodation. However, he states he has been issued with a NTQ.

10. Clients Link To Lewisham, Bromley Croydon etc (specify the client's current or previous connection to Lewisham. Evidence will be required)

Previously/Currently resident <input type="checkbox"/>	Parent/sibling in Lewisham <input type="checkbox"/>	Family association <input type="checkbox"/>	Employment/Education in Lewisham <input type="checkbox"/>
Rough sleeping/ Street activity <input type="checkbox"/>			

11. (i) Reason for loss of last settled home

Main Reason (select one)

Parents no longer willing or able to accommodate	<input type="checkbox"/>
Other relatives or friends no longer willing or able to accommodate	<input type="checkbox"/>
Non-violent breakdown of relationship with partner	<input type="checkbox"/>
Violence:	
Violent breakdown of relationship, involving partner	<input type="checkbox"/>
Violent breakdown of relationship involving associated persons	<input type="checkbox"/>
Racially motivated violence	<input type="checkbox"/>
Other forms of violence	<input type="checkbox"/>
Harassment, threats or intimidation:	
Racially motivated harassment	<input type="checkbox"/>
Other forms of harassment	<input type="checkbox"/>
Mortgage arrears (repossession or other loss of home)	<input type="checkbox"/>
Rent arrears on:	
Local authority or other public sector dwellings	<input type="checkbox"/>
Registered social landlord or other housing association dwellings	<input type="checkbox"/>
Private sector dwellings	<input type="checkbox"/>
Loss of rented or tied accommodation due to:	
Termination of assured shorthold tenancy	<input type="checkbox"/>
Reasons other than termination of assured shorthold tenancy	<input type="checkbox"/>
Required to leave accommodation provided by Home Office as asylum support	<input type="checkbox"/>
Left or leaving an institution or LA care:	
Left prison/on remand	<input type="checkbox"/>
Left hospital	<input type="checkbox"/>
Left other institution or LA care	<input type="checkbox"/>
Other reason for loss of last settled home:	
Left HM-Forces	<input type="checkbox"/>
Other reason	<input type="checkbox"/>
(e.g. homeless in emergency, sleeping rough or in hostel, returned from abroad)	

11. (ii) Secondary reason(s) for loss of last settled home (select all that apply)

Never had independent accommodation	<input type="checkbox"/>
Had previous tied accommodation	<input type="checkbox"/>
Sale of property	<input type="checkbox"/>
History of rent arrears	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>
Escaping violence	<input type="checkbox"/>
History of noise nuisance	<input type="checkbox"/>
Inability to cope	<input type="checkbox"/>
Escaping harassment	<input type="checkbox"/>
Mobility difficulties affecting access	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>
Current Rent arrears	<input type="checkbox"/>
History of rough sleeping and street activity	<input type="checkbox"/>
History of abandoning tenancies	<input type="checkbox"/>
Overcrowding	<input type="checkbox"/>
History of living in shared accommodation	<input type="checkbox"/>
Evicted – noise nuisance	<input type="checkbox"/>
Evicted – rent arrears	<input type="checkbox"/>
Evicted – Other (Please state)	<input type="checkbox"/>

12. Additional comments section (use this section to highlight any housing management issues or any identified patterns in relation to the clients housing difficulties)

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13. Support Required (Please state what support you are requesting and why)
To be completed by referring agencies only NOT LHT staff

Type of support required and reasons: e.g. floating support rent deposit accommodation based	
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If you are requesting a placement in supported housing please explain why this is the most appropriate option?

14. Meaningful Occupation (please include current and past employment & training details and volunteering experience)

Employment/Training/Education details	From	To	Reason for leaving

15. Welfare Benefits & Income Details

Birth Certificate Information:	Birth certificate available			
Income Type	Received since	Weekly Amount	Proof confirmed	Memo
Income Support				
Jobseeker's Allowance				
Incapacity Benefit				
State Pension				
Severe Disablement Allowance				
Disability Working Allowance				
Housing Benefit				
DLA (Mobility Component)				
DLA (Care Component)				
Occupational Pension				
Statutory Sick Pay				
Salary/Wages				
Family Tax Credit				
Care Leavers Allowance				
Other (please state)				
Total Weekly Income				
Is applicant submitting sickness certificates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes', since when?	

Is the applicant likely to qualify for additional benefits/premiums?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant have any outstanding loans/debt? (If 'yes' complete below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Type of loan/debt/arrears	Amount outstanding	Weekly payments	Comment/Memo
Social Fund	Just under £1,000	Approx £10.00	Details to be confirmed
Benefit/Signing Office Detail			

16. Welfare Benefit Support Need (tick all that apply)

History of discontinued benefits Loss of benefit book Not claiming full benefit entitlement No NI No.

Difficulty signing up for benefits Change of address details needed Currently not receiving any income

Not linked to GP for sickness certificates Currently payment through an appointee Not eligible for public funds

Financial support via SSD

17. Support Needs**(ii) Primary Support Need (only tick one)**

Mental health <input type="checkbox"/>	History of drug dependency/use <input type="checkbox"/>	Refugee <input type="checkbox"/>	Asylum seeker <input type="checkbox"/>
Learning difficulties <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>	Rough sleeping/street activity <input type="checkbox"/>	Mentally disordered offender <input type="checkbox"/>
Physical/sensory disability <input type="checkbox"/>	Young person at risk (Under 18) <input type="checkbox"/>	Young person (Care Leaver) <input type="checkbox"/>	Fleeing domestic violence <input type="checkbox"/>
Ex or current offender <input type="checkbox"/>	Alcohol dependency <input type="checkbox"/>	Traveller <input type="checkbox"/>	
Single homeless with support <input type="checkbox"/>	Lone teenage parent (16-18 years) <input type="checkbox"/>	Sex Worker <input type="checkbox"/>	

(ii) Secondary Support Needs (tick all that apply)

Mental health	<input type="checkbox"/>	History of drug dependency/use	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Asylum seeker	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Rough sleeping/street activity	<input type="checkbox"/>	Mental disordered offender	<input type="checkbox"/>
Physical/sensory disability	<input type="checkbox"/>	Young person at risk (Under 18)	<input type="checkbox"/>	Care Leaver	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>
Ex offender	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	Traveller	<input type="checkbox"/>		
Single homeless with support	<input type="checkbox"/>	Lone teenage parent (16-18 years)	<input type="checkbox"/>	Sex Worker	<input type="checkbox"/>		

18. Ex-Offenders

Ex-offenders checklist (key characteristics and support – tick all that may apply. Mandatory if ex-offender.)

Type of Licence or Supervision Order

None	<input type="checkbox"/>	Community Service Order	<input type="checkbox"/>	Automatic Conditional Release Lic.	<input type="checkbox"/>	Probation Order/Community Sentence	<input type="checkbox"/>
Young Offenders Institution Licence	<input type="checkbox"/>	Discretionary Cond. Release Licence	<input type="checkbox"/>	Life Licence	<input type="checkbox"/>	Extended Supervision	<input type="checkbox"/>
Section 42 (2) MHA	<input type="checkbox"/>	Drug Rehabilitation Requirement	<input type="checkbox"/>	Anti-Social Behaviour Order	<input type="checkbox"/>	Schedule 1 Offender	<input type="checkbox"/>
MAPPA Level	<input type="checkbox"/>	High Risk/Dangerous Offender	<input type="checkbox"/>	Date Licence/Supervision Order Ends			

Additional notes (include details of offences and/or conditions on licence and contact details of Offender Manager and Prison Officer)

19. Mental Health (specify the client's mental health diagnosis)

MH Diagnosis

MH Checklist (Evidence is required of diagnosis)

Suicidal ideation	<input type="checkbox"/>	Paranoid/delusional thoughts	<input type="checkbox"/>	Poor anger management/impulsive behaviour	<input type="checkbox"/>	Suicide attempts	<input type="checkbox"/>
Panic/anxiety attacks	<input type="checkbox"/>	Social phobia	<input type="checkbox"/>	Paranoia	<input type="checkbox"/>	CPA level: standard	<input type="checkbox"/>
CPA level : Enhanced	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	Depression	<input type="checkbox"/>	On depot	<input type="checkbox"/>
Receiving outpatient treatment	<input type="checkbox"/>	Personality disorder	<input type="checkbox"/>	Supported by Forensic MH Team	<input type="checkbox"/>	Home Office Restriction	<input type="checkbox"/>

Contact details of Care Coordinator or other involved professional:

Additional Notes

20. Physical Health (specify the client's physical health needs)

Physical Diagnosis	
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Physical Health Checklist (key characteristics and support – tick all that may apply)

Sensory impairment	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Motor-neurone disease	<input type="checkbox"/>
Mobility difficulties	<input type="checkbox"/>	Fatigue/tiredness	<input type="checkbox"/>	Out-patient hospital treatment	<input type="checkbox"/>
TB	<input type="checkbox"/>				
Other	<input type="checkbox"/>	Please specify			

Additional notes and details of current treatment

21. Substance Dependency Issues

Substance Misuse Checklist (key characteristics and support – tick all that may apply)

Alcohol dependent IV drug use On methadone maintenance/reduction programme Drug dependent

Completed rehab/detox programme Attending counselling/day programme Known to CARAT team DIP client

Current or former client of;
 Novo LCDAS Equinox ARP Blenheim CDP Another treatment agency please specify

Not engaging with drug treatment agency
 Is willing to engage with a drug treatment agency

Level & pattern of alcohol or drug use. (amount taken and frequency)

Drugs

Client states that e is not currently engaged with any treatment agencies around his drug use as he has no current substance misuse issues. He advises that when he first moved into Miriam Lodge he was using Class As – he was smoking both cocaine and heroin. This was (as he states) due to the influence of others whom he met at Miriam Lodge.

Client stated that he is cutting back on the amount of cannabis he uses and is trying to only smoke cigarettes.

Alcohol

He drinks Stella now and then but only when out with friends

Type of drug used

Heroin Crack Methadone Cocaine
 Solvents Cannabis Tranquillisers CAT/KAT
 Amphetamines (speed) Crystal Meth Other prescribed medication Ketamine
 Other Please specify

Additional notes including cost method of use (orally, intravenously etc...) and clients perception of their use

22. Other needs (use this section to update on client's other needs)

Other needs

Additional notes:

23. Additional Support Assessment

Do you need support with the following?	Assessing Officer's or Key worker's view		
	Always	Sometimes	Not at all
Accessing other services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accessing education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Debt/money management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household chores (cooking, cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Applying for Welfare Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Literacy support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language & translation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other areas you feel you need help with? Please state.

24. Supporting Documents Checklist (Tick all that applies. Please note that we are only able to process referrals where the supporting information is sent along with the referral form.)

Name/type of document (1-4 are the minimum documents to be provided)	Available on request	Attached
1. Proof of Identity & Nationality (passport, birth certificate)	On file	<input checked="" type="checkbox"/>
2. Proof of Income (wage slip, welfare benefits)	To follow	<input type="checkbox"/>
3. Proof of current address (tenancy agreement, current utility bills)	To follow	<input type="checkbox"/>
4. Risk Assessment Form	To follow	<input type="checkbox"/>
5. Psychiatric Report	<input type="checkbox"/>	<input type="checkbox"/>
6. Latest CPA Summary	<input type="checkbox"/>	<input type="checkbox"/>
7. Hospital Discharge Report	<input type="checkbox"/>	<input type="checkbox"/>
8. Housing Application Form	<input type="checkbox"/>	<input type="checkbox"/>
9. Community Care Assessment	<input type="checkbox"/>	<input type="checkbox"/>
10. OT or other health Assessment	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical Self-Assessment Form	<input type="checkbox"/>	<input type="checkbox"/>
12. A Probation Summary	<input type="checkbox"/>	<input type="checkbox"/>
13. Summary of Previous Convictions	<input type="checkbox"/>	<input type="checkbox"/>
Other information (please specify)		

25. Other services currently supporting the client or to which you intend to make a referral.

Service name & number	Contact person	Type of Support

Is the applicant aware of this referral to LHT? Yes No

Signature of referrer	
Print Name	
Date of application	

Client Consent to disclose and obtain information

We need to obtain and share information about you with, and from, a number of agencies to enable us to assist you effectively.

1. In order to help you to access housing and support services, we need your consent to access information about you from other agencies such as housing benefit, your GP etc...
2. Information that you provide to the Single Homeless Intervention & Prevention service (LHT) will need to be shared with the services that we want to support you.
3. In order to ensure your safety and the safety of others we will always complete a risk assessment which will be shared with any services that we want to provide you with support.
4. Information will be shared on a need to know basis, where there is a specific and legitimate need to know.

I _____ . (Print Name) have checked the information on this form and agree that it is accurate.

- I understand and consent to LHT contacting agencies in order to obtain information about me in order to make a full and accurate assessment of my situation.
- I understand and consent to the information given to LHT to be shared with other organisations and services.

Signature: See HARD COPY.....

Date:

Witnessed by (staff signature and date) -----

Print name _____

To be completed by LHT staff	
Recommendation	Comments
Prevention Initiative	
Floating Support	
Supported Accommodation	
Part VII application	
Assessment centre	
B&B	
Referral to another agency	
Relocation	
Advice /signposting only	
No further action	
More information needed	