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| **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.

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| **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 [ ]  Male[ ]  |
| 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 |  |
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| **3. Next of Kin Details** (optional) |
| Surname |  |
| First Name |  |
| Address |  |
| Relationship |  | Telephone No. |  |

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| **4. Clients Legal Status** |
| Nationality |  |
| Has the client lived outside of the UK within the last 5 years? (dates & location) |  |
| Does the client have leave to remain?(please tick) | Indefinite [ ]  Limited [ ]  Expiry Date: |
| Are their 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 [ ]  Council Tenancy [ ]  Supported Housing [ ]  Foster Care [ ] Rehab Unit [ ]  Hostel [ ]  Friends/Family [ ]  Approved Premises [ ] Housing Association Tenancy [ ]  Name of HA      Rough sleeping [ ]  B & B [ ]  Parental Home [ ]  Hospital Ward [ ] NFA [ ]  Foster Placement [ ]  Residential Care [ ]  Prison [ ] Other [ ]  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** |
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|  |  |  |  |  |
| **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 |       |
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| **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 Parent/sibling Family Employment/Education resident [ ]  in Lewisham [ ]  association [ ]  in Lewisham [ ] Rough sleeping/Street activity [ ]   |
|  |
| **11. (i)**  **Reason for loss of last settled home**  |
| Main Reason (select one) |
| Parents no longer willing or able to accommodate [ ]  Other relatives or friends no longer willing or able to accommodate [ ]  Non-violent breakdown of relationship with partner [ ]  Violence: Violent breakdown of relationship, involving partner [ ]   Violent breakdown of relationship involving associated persons [ ]   Racially motivated violence [ ]   Other forms of violence [ ] Harassment, threats or intimidation: Racially motivated harassment [ ]   Other forms of harassment [ ] Mortgage arrears (repossession or other loss of home) [ ] Rent arrears on: Local authority or other public sector dwellings [ ]   Registered social landlord or other housing association dwellings [ ]   Private sector dwellings [ ]  Loss of rented or tied accommodation due to: Termination of assured shorthold tenancy [ ]   Reasons other than termination of assured shorthold tenancy [ ] Required to leave accommodation provided by Home Office as asylum support [ ] Left or leaving an institution or LA care: Left prison/on remand [ ]   Left hospital [ ]   Left other institution or LA care [ ] Other reason for loss of last settled home: Left HM-Forces [ ]   Other reason [ ]  (e.g. homeless in emergency, sleeping rough or in hostel, returned from abroad) |

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| 11. (ii) Secondary reason(s) for loss of last settled home (select all that apply) |
| Never had independent accommodation [ ] Had previous tied accommodation [ ]  Sale of property [ ] History of rent arrears [ ] Relationship breakdown [ ] Escaping violence [ ] History of noise nuisance [ ] Inability to cope [ ] Escaping harassment [ ] Mobility difficulties affecting access [ ] Anti-social behaviour [ ] Current Rent arrears [ ] History of rough sleeping and street activity [ ] History of abandoning tenancies [ ] Overcrowding [ ] History of living in shared accommodation [ ] Evicted – noise nuisance [ ] Evicted – rent arrears [ ] Evicted – Other (Please state) [ ]  |

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| **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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| 1. **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 |  |
| **If you are requesting a placement in supported housing please explain why this is the most appropriate option?**  |

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| **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** | **Proofconfirmed** | **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 [ ]  No [ ]  | If ‘yes’, since when? |       |

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| Is the applicant likely to qualify for additional benefits/premiums? | Yes [ ]  No [ ]  |
| Does the applicant have any outstanding loans/debt?(If ‘yes’ complete below) | Yes [ ]  No [ ]  |
|  |
| **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 [ ]   |
|  |
| 1. **Support Needs**
 |
| **(ii) Primary Support Need** (only tick one) |
|  History of drug Mental health [ ]  dependency/use [ ]  Refugee [ ]  Asylum seeker [ ] Learning Rough sleeping/street Mentally disordered difficulties [ ]  HIV/AIDS [ ]  activity [ ]  offender [ ] Physical/sensory Young person at risk Young person Fleeing domestic disability [ ]  (Under 18) [ ]  (Care Leaver) [ ]  violence [ ] Ex or current offender [ ]  Alcohol dependency [ ]  Traveller [ ]  Single homeless Lone teenage parent with support [ ]  (16-18 years) [ ]  Sex Worker [ ]   |
|  **(ii) Secondary Support Needs** (tick all that apply) |
|  History of drug Mental health [ ]  dependency/use [ ]  Refugee [ ]  Asylum seeker [ ] Learning Rough sleeping/street Mental disordered difficulties [ ]  HIV/AIDS [ ]  activity [ ]  offender [ ] Physical/sensory Young person at risk Care Leaver Fleeing domestic disability [ ]  (Under 18) [ ]  [ ]  violence [ ] Ex offender [ ]  Alcohol dependency [ ]  Traveller [ ]  Single homeless Lone teenage parent with support [ ]  (16-18 years) [ ]  Sex Worker [ ]  |
|  |
| **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** Community Service Automatic Conditional Probation Order/ None [ ]  Order [ ]  Release Lic. [ ]  Community Sentence [ ] Young Offenders Discretionary Cond. Extended Institution Licence [ ]  Release Licence [ ]  Life Licence [ ]  Supervision [ ] Section 42 (2) Drug Rehabilitation Anti-Social Schedule 1MHA [ ]  Requirement [ ]  Behaviour Order [ ]  Offender [ ]  High Risk/Dangerous MAPPA [ ]  Offender [ ]  Date Licence/Supervision Order Ends      Level |
| **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) |
|  Paranoid/delusional Poor anger management/ Suicidal ideation [ ]  thoughts [ ]  impulsive behaviour [ ]  Suicide attempts [ ] Panic/anxiety CPA level: attacks [ ]  Social phobia [ ]  Paranoia [ ]  standard [ ] CPA level : Enhanced [ ]  Schizophrenia [ ]  Depression [ ]  On depot [ ] Receiving outpatient Personality Supported by Forensic Home Office [ ]  treatment [ ]  disorder [ ]  MH Team [ ]  Restriction  |
| **Contact details of Care Coordinator or other involved professional:** |
| **Additional Notes** |
|  |
| **20. Physical Health** (specify the client’s physical health needs) |
| **Physical Diagnosis** |  |
| **Physical Health Checklist** (key characteristics and support – tick all that may apply) |
| Sensory impairment [ ]  Stroke [ ]  Motor-neurone disease [ ] Mobility difficulties [ ]  Fatigue/tiredness [ ]  Out-patient hospital treatment [ ] TB [ ] Other [ ]  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 On methadone maintenance/ dependent [ ]  IV drug use [ ]  reduction programme [ ]  Drug dependent [ ] Completed rehab/ Attending counselling/ Known to detox programme [ ]  day programme [ ]  CARAT team [ ]  DIP client [ ] Current or former client of;  Novo [ ]  LCDAS [ ]  Equinox [ ]  ARP [ ]  Blenheim CDP [ ]  Another treatment agency [ ]  please specifyNot 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 Other prescribed (speed) [ ]  Crystal Meth [ ]  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** | **Always** | **Sometimes** | **Not at all** |
| Accessing other services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Accessing education/training  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Debt/money management  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Household chores (cooking, cleaning) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Applying for Welfare Benefits | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Literacy support | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Language & translation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Taking medication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Dealing with isolation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **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 | [ ]  |
| 2. Proof of Income (wage slip, welfare benefits)  | To follow | [ ]  |
| 3. Proof of current address (tenancy agreement, current utility bills)  | To follow | [ ]  |
| 4. Risk Assessment Form | To follow | [ ]  |
| 5. Psychiatric Report | [ ]  | [ ]  |
| 6. Latest CPA Summary | [ ]  | [ ]  |
| 7. Hospital Discharge Report | [ ]  | [ ]  |
| 8. Housing Application Form | [ ]  | [ ]  |
| 9. Community Care Assessment | [ ]  | [ ]  |
| 10. OT or other health Assessment | [ ]  | [ ]  |
| 11. Medical Self-Assessment Form | [ ]  | [ ]  |
| 12. A Probation Summary | [ ]  | [ ]  |
| 13. Summary of Previous Convictions | [ ]  | [ ]  |
| 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.

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| 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |  |