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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? | |  | | | | | | |
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| **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 |  | | | | | | | |
|  | | | | | | | | |
| **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 | |  | | | | | |
| |  | | --- | | **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** | |
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| **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  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 | | | | |
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| **Benefit/Signing Office Detail** | | |  | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | |
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| 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 1 MHA  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)** | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | |
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| **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 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 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** | | | | | | | | | | | | | | | |
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| **22. Other needs** (use this section to update on client’s other needs) | | | | | | | | | | | | | | | |
| **Other needs** | | | | | | | |  | | | | | | | |
| **Additional notes:** | | | | | | | | | | | | | | | |
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| **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 | | | | | |
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| 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 |  |