

# Direct Access Referral Form (DARF)

Apax, Dinardo, Quo Vadis Trust

**1. Provider Details** ( this referral form can be used to make an application to any Apax, Dinardos or Quo Vadis scheme/accommodation. Please provide the details of which provider and scheme/accommodation this application is for.)

|  |   |                                |  |  |
|--|---|--------------------------------|--|--|
| Provider Name  | Apax <input type="checkbox"/> Dinardo <input type="checkbox"/> Quo Vadis Trust <input type="checkbox"/> |                                |  |  |
| Scheme/Accommodation Name  |   |                                |  |  |
| Level of Support Required  | Floating <input type="checkbox"/>   | 9 – 5 <input type="checkbox"/> | 24 hr with sleep In <input type="checkbox"/> | 24 hr with waking night worker(s) <input type="checkbox"/> |
| Any special requirements needed for Assessment<br><i>(Interpreter, ground floor meeting room etc.)</i> |   |                                |  |  |

## 2. Applicant's Details

|                                 |   |           |  |
|---------------------------------|---|-----------|--|
| Surname                         |   |           |  |
| First Name(s)                   |   |           |  |
| Current Address                 |   |           |  |
| Date of Birth                   |   | Age       |  |
| Gender                          | Female <input type="checkbox"/> Male <input type="checkbox"/>   |           |  |
| Marital Status                  | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> |           |  |
| Ethnicity                       |   |           |  |
| Religion                        |   |           |  |
| Sexual Orientation              |   |           |  |
| Is the client Pregnant?         | Yes <input type="checkbox"/> No <input type="checkbox"/>  |           |  |
| Tel. Nos. (Mobile and Landline) | Mobile:   | Landline: |  |
| Email address                   |   |           |  |
| Nl number                       |   |           |  |

## 3. Referrer's Details (if not self-referral)

|  |  |
|--|--|
| Referring Agency Name<br><i>(including team name and location)</i> |  |
| Agency Address (inc. postcode)                                     |  |
| Referrer's Full Name   |  |
| Position   |  |
| Date form completed  |  |

|  |  |         |  |
|--|--|---------|--|
| Tel. No.   |  | Fax No. |  |
| Referrer's mobile number                         |  |         |  |
| Referrer's email address                         |  |         |  |
| How long has your agency known the client?       |  |         |  |
| How long have <u>you</u> worked with the client? |  |         |  |

**4. Describe the current support received by the Applicant? Why is the applicant being referred? Is the client currently involved in any meaningful activities?**

**5. List all support agencies and next of kin involved**

|   |  |         |  |
|---|--|---------|--|
| <b>Next of Kin</b><br>(contactable in emergencies): |  |         |  |
| Address (inc. postcode)                             |  |         |  |
| Tel. No.  |  | Fax No. |  |
| Email address                                       |  |         |  |
| <b>Psychiatrist Name:</b>                           |  |         |  |
| Address (inc. postcode)                             |  |         |  |
| Tel. No.  |  | Fax No. |  |
| Email Address                                       |  |         |  |
| <b>GP:</b>  |  |         |  |
| Address (inc. postcode)                             |  |         |  |
| Tel. No.  |  | Fax No. |  |
| Email address                                       |  |         |  |
| <b>CMHT CPN / Care Coordinator:</b>                 |  |         |  |

|                         |  |         |  |
|-------------------------|--|---------|--|
| Address (inc. postcode) |  |         |  |
| Tel. No.                |  | Fax No. |  |
| Email address           |  |         |  |
| <b>Other:</b>           |  |         |  |
| Address (inc. postcode) |  |         |  |
| Tel. No.                |  | Fax No. |  |
| Email address           |  |         |  |

**6. Applicant's Legal Status**

|  |  |
|--|--|
| Nationality (if British continue on to Section 7)                                  |  |
| Has the client lived outside of the UK within the last 5 years? (dates & location) |  |
| Does the client have leave to remain?  | Indefinite <input type="checkbox"/> Limited <input type="checkbox"/> |
| What date does leave to remain expire?   | Expiry Date:   |
| If there any conditions attached to their leave to remain, please provide details: |  |
| Is client seeking asylum?  | Yes <input type="checkbox"/> No <input type="checkbox"/>             |
| When did client arrive in the UK?  |  |
| Has a decision regarding asylum claim been made and if so provide details?         |  |

**7. Housing History** (give details of housing over the last 5 years starting with the present address, including hospital admissions, custodial sentences, periods in detox units and periods of street homelessness. Please provide sufficient contact details.)

| Address & Landlord Name | From | To | Accommodation type & is tenancy terminated? | Reason for leaving |
|-------------------------|------|----|---|--------------------|
|                         |      |    |   |                    |
|                         |      |    |   |                    |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

### 8. Welfare Benefits & Income Details

| Income Type                  | Received since (date) | Weekly Amount | Proof Confirmed          | Details |
|------------------------------|-----------------------|---------------|--------------------------|---------|
| Housing Benefit              |                       | £             | <input type="checkbox"/> |         |
| Income Support               |                       | £             | <input type="checkbox"/> |         |
| Jobseeker's Allowance        |                       | £             | <input type="checkbox"/> |         |
| Incapacity Benefit           |                       | £             | <input type="checkbox"/> |         |
| State Pension                |                       | £             | <input type="checkbox"/> |         |
| Severe Disablement Allowance |                       | £             | <input type="checkbox"/> |         |
| PIP (Mobility Component)     |                       | £             | <input type="checkbox"/> |         |
| PIP (Daily Living Component) |                       | £             | <input type="checkbox"/> |         |
| Occupational Pension         |                       | £             | <input type="checkbox"/> |         |
| ESA (Income Related)         |                       | £             | <input type="checkbox"/> |         |
| ESA (Contribution Based)     |                       | £             | <input type="checkbox"/> |         |
| Attendance Allowance         |                       | £             | <input type="checkbox"/> |         |
| Pension Credit               |                       | £             | <input type="checkbox"/> |         |
| Personal Budget              |                       | £             | <input type="checkbox"/> |         |
| Other (please state):        |                       | £             | <input type="checkbox"/> |         |

### 9. Other Income & Benefit Related Details

| Area   |  | Please provide full details and amounts where relevant |
|--|--|--|
| Does the applicant have any savings or equity?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Is applicant submitting sickness certificates?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Does the applicant have any loans and debts?         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Does the applicant have any housing benefit arrears? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the applicant receiving income from volunteering, working and/or family? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

### 10. Banking Details

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Does the client have a bank account?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the client have a building society account? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the client have a Post Office account?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### 11. Client Group (please tick all that apply)

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Alcohol  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asylum Seeker / Refugee                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Drug and Misuse of Illegal Substances (including solvents) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fleeing Domestic Violence                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Learning Disabilities                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mental Health  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Physical & Sensory Disabilities                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Offenders (ex or current)                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Single Homeless  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Street Worker / Prostitution                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Please provide full details of diagnosis (Mental Health, Physical Health etc.), medication, substance dependency issues, treatment agencies, and other relevant information:**

### 12. Offending

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the applicant an ex-offender?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the applicant a recurring offender?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the applicant recently been discharged from prison?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the applicant have any previous convictions, Criminal Record or current offences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the applicant subject to any court orders or hearings?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the applicant a Multi-Agency Public Protection Arrangements (MAPPA) case?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the applicant fitted with TAG equipment?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the applicant currently subject to ABC or ASBO?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>State type of licence, supervision order and offending history, past convictions</b> (Conditions on licence and contact details of Offender Manager, Probation Officer and Prison Officer): |                              |                             |
|  |                              |                             |

### 13. Safety and Risk Planning

We must try to ensure that threats do not pose an unmanageable risk to the safety of other clients or staff. Please indicate below how the applicant may exhibit risky behaviour, which would need to be taken into account if we were to offer accommodation.

Supply a detailed Risk Assessment and note this in section 14 and give details of how this risk has been managed in the past and whether this will continue to be the way it is managed.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Loss of temper, violent to self or others, damaged to property, aggressive, abuse etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Uncontrolled or excessive consumption of alcohol or illegal substances and drug issues? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the client fleeing domestic violence?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Engage with services and support staff; conforming with house rules?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Compliant with paying bills and services charges?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any dependencies such as children under the age of 18 years of age?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the applicant a '205 entrenched rough sleeper'?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Abuse of non-prescribed drugs or prescribed medication?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Affiliation with gangs, street working and harmful relationships?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Arson, accidental fire setting?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neglect of security measures, eg not locking doors, giving access to strangers, etc.?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neglect of fire safety, eg smoking in bed, obstructing safety procedures?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Anti-social behaviour, eg noisy, disruptive, abusive behaviours, harassment?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Non-compliance with prescribed medication?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Additional details:** Use a separate sheet if necessary. If a significant risk has been identified, please attach a recent assessment.

#### 14. Support Needs (Outline the type of support and assistance required)

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Managing money, budgeting, debts, paying bills, Welfare Benefits etc.?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Purchase and preparation of food, managing domestic chores?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the applicant be able to manage with sharing facilities with other clients?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Support with Medication?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Managing of personal safety and security (eg use of keys, locking doors etc.)?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Managing personal hygiene, self-care?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Assistance or guidance in attending appointments?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Looking after accommodation and maintaining cleanliness?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Support in meeting specific cultural or religious needs?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Assistance with meaningful use of time, social life and family or relationship breakdown? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Accessing other services (eg education, health, travel)?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Helping with public transportation?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Help with understanding, reading and writing English?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Please provide additional information regarding the above support needs:**

#### 15. Supporting Documents Checklist (Tick all that apply. 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 – those in bold are the most preferred) | Available on request     | Attached                 |
|---|--------------------------|--------------------------|
| <b>1. Proof of ID and nationality</b>   | -                        | <input type="checkbox"/> |
| <b>2. CPA / Support/Care Plan</b> (most recent)   | -                        | <input type="checkbox"/> |
| <b>3. Copy of all benefit entitlement letters</b> (ideally not more than three months old)                  | -                        | <input type="checkbox"/> |
| <b>4. Risk assessment</b> (most recent)   | -                        | <input type="checkbox"/> |
| 5. Sickness certificate and/or hospital discharge report (if relevant)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Detailed supporting letter from social worker / CPN / GP / Psychiatrist                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. OT / Life skills assessment  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Forensic report (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Discharge from prison documentation and copy of licence  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Applicant's social history  | <input type="checkbox"/> | <input type="checkbox"/> |

## 16. Declaration Statement

I agree that the information contained in this referral form, and the attached supporting documentation can be supplied to the housing provider in support of my application for supported housing, and that the information provided is accurate. (Please note that in the event of an applicant being found to have provided inaccurate information in support of their application for housing, this may result in action to end the tenancy.)

Additionally, I confirm that I understand the nature of the accommodation, the support level & service I am applying for.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
| Print Name             |      |

### **Certification of Referral Agency**

I certify that to the best of my knowledge the information provided is correct.

|                       |      |
|-----------------------|------|
| Signature of Referrer | Date |
| Print Name            |      |