

CARASTON HALL

SUPPORT & HOUSING REFERRAL FORM

Please answer all relevant questions

Is the prospective client aware of this referral?	YES	NO
Please tick below which service is required		
FLOATING SUPPORT	SUPPORT & ACCOMMODATION	ENABLING
RESPITE	OTHER Please state:	
Forename(s):	Date of birth:	
	Age:	
Surname:	NI no:	
	Next of Kin:	
Address:	Address of next of kin:	
Postcode:	Postcode:	
Contact Tel No:	Tel No:	
Gender:	Relationship:	
Marital Status:	Is the prospective client eligible for 117 aftercare:	
Registered Disabled: If Yes please specify nature of disability		
Health/Dietary Needs:		
Ethnicity (please circle or state)	White British, White Irish, White Other (please specify) Black British (African), Black British (Caribbean), Black British (other), Mixed Background, Asian British (Bangladeshi), Asian British (Indian), Asian British (Pakistani) Asian British (other), Chinese, Refused/Knot known	
Present Accommodation Status/Housing Needs:		
Current Medication:		
Mental Health Issues:		
Learning Disabilities:		
Drug or Alcohol Dependency: (Please State)		
Current Treatment Programme:		
GP Details:		
Address:		
Consultant Details:		
Address:		
Referrers Name:		
Address:		
Tel No:		

Is this person/are you under any of the following:	
CPA (Care Programme Approach):	Yes/No
MAPPA (Multi Agency Public Protection Arrangement)	Yes/No
ASBO (Anti Social Behaviour Order)	Yes/No
MARM (Multi Agency Risk Management)	Yes/No

Benefits Information

Type of benefit in receipt of	In process of claiming	Please state amount & how often paid
Income Support		
Incapacity Benefit		
Job Seekers Allowance		
Housing Benefit		
Council Tax Benefit		
DLA Mobility Component		
DLA Care Component		
Severe Disablement Allowance		
Private Pension		
Widows Pension		
Statutory Sick Pay		
Other Benefit please specify		
Any savings which may affect benefit	Yes/No	

Support Needs

Identifying support needs allows Caraston Hall to offer the most appropriate support to meet the needs of individuals. Prospective clients must consent to receiving support and show a willingness to engage with the service as this is a requirement within Caraston Hall support services

What are the support needs identified? (Please tick boxes YES or NO)	YES	NO
Life Skills		
Mental Health		
Learning Disabilities		
Finances/Budgeting/Benefits		
Social Skills		
Accommodation Needs		
Advocacy		
Signposting (move on support with resettlement)		
Education/Employment/Training		
Other (please specify)		

Please explain in further details of the above support needs:

Is support received from another support provider? YES/NO

If yes, by who?.....

How many hours per week is this for?.....

Is this support funded by Supporting People or Private or other? (Please State):

Will this support still continue from the same and current provider if accommodation offered at Caraston Hall? YES/NO

Confirmation from referrer/statutory services:

Signature:.....

Other Agencies/Services Involved					
	NAME	Tel No		NAME	Tel No
Housing officer			Consultant		
Carer			Probation		
Social Worker			AA Worker		
R&IL/AOT/Rehab			ENDAS		
Learning Dis Team			Other		

Mental Health	
Assessment on clients ability to organise him/herself with regard to the following	
Social Behaviour/Interaction	
Ability to ask for support when needed	
Service Users own perception of their Mental Health	
Ability to plan and structure their day	

Social & Domestic Tasks		
Domestic		
Maintaining Room/Home	Supervised	Unsupervised (Circle as appropriate)
Own Laundry	Supervised	Unsupervised
Cooking	Supervised	Unsupervised
Maintaining Personal Hygiene	Supervised	Unsupervised
Social (please state)		
Social Interests		
Religious & Cultural Needs		
Carer & Family Involvement		
Details of work experience or interests		
Details of current Accommodation/Housing Needs		
Physical Health		
Physical well being		
Allergies/dietary needs i.e. Special Diet, Diabetic, Cultural/Religious needs, Vegetarian		
Hearing/coordination/Communication/sight		
Oral health		
Mobility or dexterity		
Medical conditions/diabetes Epilepsy/other		
Vulnerability to others		

I have read the entire referral details and I can verify that the information is true to my knowledge.

Person Referring

Name:.....Service/Team (if applicable):.....

Signature:.....Date:.....

Client Name:.....

Signature:.....Date:.....