

Referral Form



Service User details

Name:	Date of Birth:
Date of referral:	Contact Number:
NHS Number:	

Referrer details

Name:	Position:
Organisation:	Email / Contact Number:

Before completing this referral form we direct your attention to the following information:

This form must be completed by a statutory agency or a charity representing the service user and signed by an appropriate professional e.g.: Social Worker, Care Coordinator, CPN etc. When completing this form please can you give as much information as possible, this will help us to process the application quicker.

- Please attach previous care plans and risk assessments
- Please ask the tenant to complete the additional information form (section 5)
- Both referrer and tenant to sign at the end of the form

NOTE: Failure to supply the documents above will lead to a delay in processing your application.

Upon signing and returning this form, whilst it might not include any fees or costs, it forms an effective contract for services by the referring statutory body which New Pastures Housing will perform to adhere to minimum standards. These include but are not exhaustive:-

- Build a relationship and rapport with prospective tenant/service user along with other key people, family, professionals, etc.
- New Pastures Housing team will source the correct and appropriate property based upon needs and then approval.



- Once all involved approve the final selection of property, New Pastures Housing will procure the property and make it ready, including any required furnishings.
- New Pastures Housing will provide an ongoing service of Exempt Accommodation and make the relevant claim to the local housing benefit team.
- All New Pastures Housing employees are vetted, DBS cleared and professionally trained to support vulnerable adults.
- New Pastures Housing is governed and will comply with regulations from the Homes and Communities Agency, National Housing Federation and other Quality Bench Marks.

SECTION 1 – SERVICE USER INFORMATION

Would the tenant be classed as a “vulnerable person”

Yes

No

In what way is the tenant vulnerable?

Medical Condition (Diagnosis, symptoms, etc.):

Other Relevant Agencies involved in care (Please include Contact Name, Tel Number, and Email Address):

Does the prospective tenant engage with these services and what other steps have they taken to improve their circumstances.

SECTION 2 – ESTABLISHING NEEDS

Are you requesting New Pastures Housing to provide supported accommodation for this individual?

This means that the individual needs regular ongoing **housing related support** from us as a landlord that is **over and above** that needed in an unsupported tenancy, and separate to any other support or care arrangements

Yes **No**

If the answer to this question is **No**, then our service is possibly not appropriate and you should seek housing from 'General Landlords'

If Yes:

Please outline the **housing related support** that the individual will need to enable them to manage their tenancy successfully (*tick all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Setting up/payment of bills | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Keeping property clean & tidy |
| <input type="checkbox"/> Reporting repairs/maintenance | <input type="checkbox"/> Keeping themselves/property safe | |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Education & Training | |
| <input type="checkbox"/> Being a good neighbour | <input type="checkbox"/> Behaviour management | |



Other (please state):

Are you requesting this accommodation because no other alternative accommodation is available?

Yes No

Briefly explain the reasons why the tenant is not able to be provided with accommodation by Local Authority, Housing Association or Private Landlord:

Brief Social History (events that led to intervention, homelessness etc.)



Where is the service user currently living?

Reasons for leaving current accommodation (if applicable)?

Additional Information (include here any drug or alcohol dependency or abuse that will have an effect on a tenancy and other known individuals that associate with the service user that may have an effect on the tenant)

Does the service user lack capacity to understand, and sign the referral form and the tenancy agreement?

Yes No

If yes, please include a copy of the best interest decision with the application



Are there any other person(s) that will be living with the service user? Yes No

If yes, please give the details below.

Name(s)	Date of birth	Is this individual in employment or full time Education?	Name of School/College	Relationship to service user:

Risk

Are there any risks that we need to consider when arranging an interview/assessment	
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SECTION 3 - ADDITIONAL INFORMATION REQUIRED FOR HOUSING BENEFIT

National Insurance Number					
Date of Birth					
Current address:					
Are you claiming housing benefit for this address?		<input type="checkbox"/> Yes <input type="checkbox"/> No £ Week / Month			
Is an overlap required for Housing Benefit? <i>(If so what date will notice expire?)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
What other benefits are you receiving? <i>(Please provide Proof)</i> How much do you receive? When did you start receiving this?		Benefit	Awaiting Decision	Start Date	Amount
		Income support			£
		Job Seekers Allowance (Income Based)			£
		Job Seekers Allowance (Contribution Based)			£
		ESA (Income Based)			£
		ESA (Contribution Based)			£
		Pension Credit (Guaranteed Element)			£
		Pension Credit (Savings Element)			£
		UC – Work focused interview			£
		UC – No work requirements			£
		UC – Work preparation group			£
		UC – All work related requirements			£
		Carers Allowance			£
Please attach copy of proof of Benefits and/or Income		Copy Attached Yes <input type="checkbox"/>			
Bank / Post Office account details		Sort Code: Account Number: Name of Bank:			
Do you have any pensions?		<input type="checkbox"/> Yes <input type="checkbox"/> No £ per week/month			
Doctors Name & Address					
Nationality					

If not from the UK, please insert date of arrival in the UK	
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Please be advised that your Application may be processed more quickly, if you provide the following documents with this Referral Form:

- Proof of benefit entitlement (Benefit Award Letters or two months bank statements)
- Proof of National Insurance number (Benefits award letter)
- Proof of ID (Passport, Benefit award letter or Current Utility Bill) – if available

Referrer - please sign below

Print: _____

Signature: _____

Tenant or Representative - please sign below

I (*Print name*) _____ (tenant) agree that this is a true representation of my current situation and give consent for this information to be shared with the local authority to assist them in processing the application for payments related to housing costs.

Signature: _____

If you are signing on behalf of the tenant

I (*Print name*) _____ agree that this is a true representation of the tenants current situation and give consent for this information to be shared with the local authority to assist them in processing the application for payments related to housing costs.

Relationship to the tenant: _____

If applicable, please include a copy of the best interest decision with this application

Please send the referral form, completed in full with supporting documentation to:

Head Office:

New Pastures Housing

17 Derby Street

Leek

Staffs

ST13 6HN

[Email: info@newpastureshousing.co.uk](mailto:info@newpastureshousing.co.uk)