

Referral Form



Service User details

Name:	Date of Birth:
Date of Referral:	Contact Number:

Referrer details

Name:	Designation:
Organisation:	Email / Contact Number:

How did you hear about My Space Housing Solutions?

- Word of mouth
- Marketing material
- Google search / website
- E shot
- Other

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

This form must be completed by a statutory agency and signed by an appropriate professional eg 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 as quickly as possible.

- 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 My Space 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.
- My Space team will source the correct and appropriate property based upon needs and then approval.
- Once all involved approve the final selection of property, My Space will procure the property and make it ready, including any required furnishings.

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- My Space will provide an ongoing service of Exempt Accommodation and make the relevant claim to the local housing benefit team.
- All My Space employees are vetted, DBS cleared and professionally trained to support vulnerable adults.
- My Space are governed and will comply with regulations from the Homes and Communities Agency, National Housing Federation and other Quality Bench Marks. My Space are also CQC registered.

Is the service user an existing tenant of My Space that is requesting to move?

Yes (please fill in section 1 & 3 **only**) No (please complete **all** sections)

SECTION 1 – SERVICE USER INFORMATION

Would the tenant be classed as a “vulnerable person” Yes No

If yes, in what way is the tenant vulnerable?

Medical condition (diagnosis, symptoms, etc.):

Legal status if any (e.g. section 25, 117, forensic, or other):

Other relevant agencies involved in care (please include contact name, tel number, and email address):

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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 My Space 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 and tidy |
| <input type="checkbox"/> Reporting repairs/maintenance | <input type="checkbox"/> Keeping themselves/property safe | |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Education and Training | |
| <input type="checkbox"/> Being a good neighbour | <input type="checkbox"/> Behaviour management | |
| <input type="checkbox"/> Other (please state): | | |

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

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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):

What date is accommodation required by?

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Where is the service user currently living?

Reasons for leaving current accommodation (if applicable)?

How much notice does the service user need to give to their current landlord?

SECTION 3 – ACCOMODATION REQUIREMENTS

Please tick any property types that would be suitable:

House Bungalow Semi Detached Detached End Terrace Mid Terrace

Flat/Apartment Ground floor First floor and above

Please give details of service user requirements:

Number of bedrooms:	
Does the service user require a bath/shower/both:	
Does the service user require a garden?	
Does the service user require parking?	
Please list any further requirements/adaptations needed:	

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Local area - please detail what the service user's needs are and also anything they would not want. We should think about what we want to achieve in the way of future outcomes and how we might want this person to access their community in the future:

City or town:	
Any specific areas within city/town?	
Any areas to avoid?	
Any specific requirements relating to amenities, community links, transport etc?	
What social, economic or historical links does the service user have with the area in which they want to live?	

SECTION 4 – ASSESSING RISK

Risk to self:

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Risk to others (e.g. staff, neighbours):

Risk to property:

Has there ever been evidence of arson? Yes No

If YES, please give more information:

Other recorded events of significance relating to tenancy/properties. Please list previous damage to properties:

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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?	Relationship to service user:

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Does the service user have any pets that will be living with them? **Yes** **No**

Please give details of number of pets, types, breeds and ages as applicable:

SECTION 5 - ADDITIONAL INFORMATION REQUIRED FOR HOUSING BENEFIT (Completed by Tenant)

Your Name:				
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>		Yes/No	Date	Amount
	Job Seekers Allowance			£
	Income Support			£
	ESA – support group			£
	ESA – work related activities			£
	UC – work focused interview			£
	UC – no work requirements			£
	UC – work preparation group			£
	UC – all work related requirements			£
	Pension Credit			£
	Carers Allowance			£
				£

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Do you receive child benefit? <i>(If yes, please state child(s) full name and date(s) of birth)</i>	<input type="checkbox"/> Yes No <input type="checkbox"/> £ Week / Month				
Are you waiting to hear about any benefits? What are they? What date did you claim?	Job Seekers Allowance	Yes/No	Date	Amount	
	Income Support			£	
	ESA – support group			£	
	ESA – work related activities			£	
	UC– work focused interview			£	
	UC – no work requirements			£	
	UC – work preparation group			£	
	UC – all work related requirements			£	
	Pension Credit			£	
	Carers Allowance			£	
			£		
Bank / Post Office account details:	Sort Code: Account Number: Name of Bank:				
How much is currently in your account?	£				
Do you have any other savings / income? <i>(stocks, shares, ISAs, property)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No £ Week / Month				
Do you have any pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Doctor's name and address:					
Nationality: <i>(if not British please state the date that you arrived in the UK)</i>					

In order to process this application you must submit copies of the following documents with this referral form:-

- Proof of benefit entitlement (benefits award letter or two months' bank statements)
- Proof of National Insurance number (benefits award letter)
- Proof of ID (passport, benefits award letter or current utility bill)

If the client has children residing with them please provide:-

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- Proof of Child Benefit (benefits award letter or two months' bank statements)
- The child's full name and date of birth

[Referrer - please sign below](#)

Print: _____

Signature: _____

Length of time working with person referred _____

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

Cumbrian Office:

***My Space Housing Solutions
The Lupton Suite
Clawthorpe Hall Business Centre
Burton in Kendal
Cumbria
LA6 1NU***

***E-mail to cumbria.info@myspacehousing.org
Tel: 01524 784338***

Head Office:

***My Space Housing Solutions
Derwent Suite
Paragon Business Park
Chorley New Road
Horwich
BL6 6HG***

***E-mail to info@myspacehousing.org
Tel: 01204 694154***