

Q-COG HOUSING REFERRAL FORM -

Q-COG HOUSING referral form instructions: Please fill all relevant information for your request for the referral. Current Space Availability is shown on the website. Once you have checked for availability please print out the form. <http://www.q-coghousing.com>.

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Referral agency phone number		
Reason for referral: * This must be accurate. All referrals must meet the definition of 'male UAS 16+ or 16+LAC		

Referral		
Date of Referral	start date: __/__/__	end date: __/__/__
Contract type (Emergency, 1,2, 3,4, 6 or 12 mth) (rolling)		
Which Local Authority		
Social Workers name		
Social workers contact details		
Address		
Contact Number		
Gender		
Ethnic Origin as defined by the client		
Next of kin and relationship to applicant		
Next of kin last known address		
Next of Kin Contact number		

Medical Background & History		
GP name and address (if applicable)		
Has client ever been detained for mental health		
Mental Health History	y/n	If yes fill details below
Physical health History	y/n	If yes fill details below
Any physical disabilities	y/n	If yes fill details below
Present medication or treatment	y/n	If yes fill details below
Details of any known criminal offences	y/n	If yes fill details below
Has this client shown any violent tendencies		
Has the client shown any signs of PTSD etc		

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Support needs		
	Hours required	
mental health		
asylum support package		
training, education		
Leisure, Cultural		
primary health care, mental health or drug /alcohol services		
length of support contract in months		
any safeguarding issues, self-harm, or violence		
independent living skills		
community inclusion		
family tracing with red cross		
avoiding social isolation		
independence skills		
	delete as applicable	
Supported Semi Independence (SSI) or Supported Living (SL)	SSI/SSL	

Allowances for Client

Are there any weekly or monthly payments/allowances/festival-payments etc that the client should expect to receive		
Will this be paid direct to the client by L.A		
Will L.A want this paid via Q-COG Housing to this client? n.b These costs will be additional to stated contractual rates.		

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Risk Assessment		
Does the client experienced any issues that could lead to absconding	give example	
Does applicant have a history of: L/M/H Details: please complete in all cases		
Indicate risk level: low/medium/high Triggers / potential victims etc.	low/medium/high Triggers / potential victims etc.	
Violence, aggressive behaviour		
Self-harm / suicide / mental health		
formal diagnosis		
Drug / alcohol misuse		
Child protection issues		
County lines		
Sexual or schedule 1 offence		
Criminal convictions / offences		
Self-neglect / neglect of others		
Antisocial behaviour		
Damage to property		
Neighbourhood problems		
Arson		
Rent arrears		
Any other information		
Is the applicant at risk of harm from others? If yes please state by whom and provide details		
Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H&S good practice		

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Client information

Last name	
First name	
Other names / nickname	
Email address	
Phone number/s	

Demographics

Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Trans* <input type="checkbox"/> Other:
Preferred language	
Spoken English ability	
Country of origin	
Self-Identified Ethnicity (Region, tribe etc)	
Nationality	
Immigration status	
NI number	
Recourse to public funds	Yes / No
Does the client have ID (please take a copy)	

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Ethnic origin			
White - British	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Mixed - White & Asian	<input type="checkbox"/>
Mixed - White & Black African	<input type="checkbox"/>	Mixed - White & Black Caribbean	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Next of kin details (optional)

Last name			
First name			
Address			
Relationship		Telephone no.	

Institutional history

Care	Y/N	Date last left care: Estimated date last left:	
		Date last left care: Estimated date last left:	
Asylum centre		Date last left care: Estimated date last left:	
Prison	Y/N	Date last left prison Estimated date last left:	Please provide name of last prison

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Last accommodation details (tick all that apply)

Country of last accommodation	
Region (LA in UK or region in non-UK)	

Type:							
Private Rented	<input type="checkbox"/>	Council Tenancy	<input type="checkbox"/>	Supported Housing	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>
Rehab Unit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Friends/Family	<input type="checkbox"/>	Refugee camp	<input type="checkbox"/>
Housing Association Tenancy	<input type="checkbox"/>		<input type="checkbox"/>	Asylum Centre	<input type="checkbox"/>		
Rough sleeping	<input type="checkbox"/>	B & B	<input type="checkbox"/>	Parental Home	<input type="checkbox"/>	Hospital Ward	<input type="checkbox"/>
NFA	<input type="checkbox"/>	Foster Placement	<input type="checkbox"/>	Residential Care	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify.....					

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Historical and current housing issues (tick all that apply)

Never had independent accommodation <input type="checkbox"/>	Needs sheltered accommodation <input type="checkbox"/>	<input type="checkbox"/>	Sale of property <input type="checkbox"/>
History of rent arrears <input type="checkbox"/>	Needs supported accommodation <input type="checkbox"/>	Relationship breakdown <input type="checkbox"/>	Escaping violence <input type="checkbox"/>
History of noise nuisance <input type="checkbox"/>	Evicted from previous accommodation <input type="checkbox"/>	Inability to cope <input type="checkbox"/>	Escaping sexual abuse/harassment <input type="checkbox"/>
Leaving residential care <input type="checkbox"/>	Hospital admission/discharge <input type="checkbox"/>	Mobility difficulties affecting access <input type="checkbox"/>	Anti-social behaviour <input type="checkbox"/>
Care leaver leaving foster care <input type="checkbox"/>	Prison discharge <input type="checkbox"/>	History of rough sleeping and street activity <input type="checkbox"/>	History of abandon tenancies <input type="checkbox"/>
Evicted - noise nuisance <input type="checkbox"/>	Evicted - rent arrears <input type="checkbox"/>	History of living in shared accommodation <input type="checkbox"/>	Overcrowding <input type="checkbox"/>
Current rent arrears <input type="checkbox"/>	Outstanding repairs issues <input type="checkbox"/>	Need additional security in home <input type="checkbox"/>	

Additional comments(use this section to highlight any housing issues or any identified patterns in relation to the client's housing difficulties)

Length of time sleeping rough in current period of rough sleeping or in an Asylum Camp :

0 Days 1-7 days 8 – 28 days 1 -6 months Over 6 months

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Support needs and medical details

GP details (practice address):							
Primary support need							
Mental health	<input type="checkbox"/>	History of drug dependency/use	<input type="checkbox"/>	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	
Learning difficulties	<input type="checkbox"/>		<input type="checkbox"/>	Mentally disordered street activity	<input type="checkbox"/>	offender	<input type="checkbox"/>
Physical/sensory disability	<input type="checkbox"/>	Young person at risk (under 18)	<input type="checkbox"/>	Young person (care leaver)	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>
Ex or current offender	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Asylum seeker	<input type="checkbox"/>
Single homeless with support	<input type="checkbox"/>		<input type="checkbox"/>	Sex worker	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Secondary support needs

Mental health	<input type="checkbox"/>	History of drug dependency/use	<input type="checkbox"/>	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	
Learning difficulties	<input type="checkbox"/>	health needs	<input type="checkbox"/>	Mentally disordered street activity	<input type="checkbox"/>	offender	<input type="checkbox"/>
Physical/sensory disability	<input type="checkbox"/>	Young person at risk (under 18)	<input type="checkbox"/>	Young person (care leaver)	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>
Ex or current offender	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
Single homeless with support	<input type="checkbox"/>	Fleeing Slavery	<input type="checkbox"/>	Sex worker	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

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Mental health

MH diagnosis:

MH checklist (key characteristics and support – tick all that may apply)

Suicidal ideation <input type="checkbox"/>	Paranoid/delusional thoughts <input type="checkbox"/>	Poor anger management/impulsive behaviour <input type="checkbox"/>	Suicide attempts <input type="checkbox"/>
Panic/anxiety attacks <input type="checkbox"/>	Social phobia <input type="checkbox"/>	Paranoia <input type="checkbox"/>	Care Programme Approach (CPA) level: standard <input type="checkbox"/>
CPA level: Enhanced <input type="checkbox"/>	Schizophrenia <input type="checkbox"/>	Depression <input type="checkbox"/>	PTSD <input type="checkbox"/> visually agitated <input type="checkbox"/>
Receiving outpatient treatment <input type="checkbox"/>	Personality disorder <input type="checkbox"/>	Supported by Forensic MH Team <input type="checkbox"/>	

Contact details of Care Coordinator or other professional involved:

Additional notes

Level of support needs assessment (mental health):

High Medium Low No need

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Physical health issues

Physical diagnosis			
Physical health checklist (key characteristics and support – tick all that may apply)			
Sensory impairment	<input type="checkbox"/>		
Mobility difficulties	<input type="checkbox"/>	Fatigue/tiredness	<input type="checkbox"/>
			Out-patient hospital treatment <input type="checkbox"/>
TB	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please specify	
Additional notes and details of current treatment			
Level of support needs assessment (physical health):			
High	<input type="checkbox"/>	Medium	<input type="checkbox"/>
		Low	<input type="checkbox"/>
			No need <input type="checkbox"/>

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Young person

Young Person (key characteristics and support – tick all that may apply)			
Mobility difficulties <input type="checkbox"/>	trafficked <input type="checkbox"/>	sex exploitation <input type="checkbox"/>	Victim of physical abuse <input type="checkbox"/>
Risk of isolation <input type="checkbox"/>	Poor hearing <input type="checkbox"/>	Poor sight <input type="checkbox"/>	Victim of emotional abuse <input type="checkbox"/>
Adult protection issue <input type="checkbox"/>	radicalisation risk <input type="checkbox"/>		
Additional notes			

Substance use

Substance misuse checklist (key characteristics and support – tick all that may apply)			
Alcohol dependent <input type="checkbox"/>	IV drug use <input type="checkbox"/>	On methadone maintenance/ reduction programme <input type="checkbox"/>	Drug dependent <input type="checkbox"/>
Completed rehab/ detox programme <input type="checkbox"/>	Attending counselling/ day programme <input type="checkbox"/>		
Level & pattern of alcohol use (state consumption and pattern):			

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Drug Use

Drugs being taken							
Heroin	<input type="checkbox"/>	Crack	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Cocaine	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	Cannabis	<input type="checkbox"/>	Tranquillisers	<input type="checkbox"/>	Khat / Qat	<input type="checkbox"/>
Amphetamines (speed)	<input type="checkbox"/>	Crystal Meth	<input type="checkbox"/>	Other prescribed Medication	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify:					
Frequency of drug use (tick one option only)							
Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>
						Rarely	<input type="checkbox"/>
Additional notes							
Level of support needs assessment (alcohol):							
High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>	No need	<input type="checkbox"/>
Level of support needs assessment (drugs):							
High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>	No need	<input type="checkbox"/>

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Ex-Offender

Ex-offender checklist (key characteristics and support – tick all that may apply. Mandatory for ex-offenders)

Type of Licence or Supervision Order

None	<input type="checkbox"/>	Community Service Order	<input type="checkbox"/>	Automatic Conditional Release Licence	<input type="checkbox"/>	Probation Order / Community Sentence	<input type="checkbox"/>
Young Offenders Institute Licence	<input type="checkbox"/>	Discretionary Cond. Release Licence	<input type="checkbox"/>	Life Licence	<input type="checkbox"/>	Extended Supervision	<input type="checkbox"/>
Section 42 (2) MHA	<input type="checkbox"/>	Drug Rehabilitation Requirement	<input type="checkbox"/>	Anti-Social Behaviour Order	<input type="checkbox"/>	Schedule 1 Offender	<input type="checkbox"/>
Known to MAPPA	<input type="checkbox"/>	High Risk / Dangerous Offender	<input type="checkbox"/>	Date Licence/Supervision Order Ends:			

Additional notes (include details of offences and/or conditions on licence and contact details of Offender Manager and Prison Officer)

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Assessment checklist

Ensure that you complete all sections on the form. Cross out sections that are not required.

- Ask for ID and take a copy – if no ID please ensure this is highlighted on the client action plan
- Ask for proof of benefits and take a copy – if unavailable, please highlight on client action plan
- Ensure that the risk assessment is completed (after the assessment)
- Ensure that the consent form is signed by the client.

I certify that this is an accurate statement of the shareable information for this referral we Name of Social Worker completing assessment (full name)

Date.....

Signature.....

I certify that I have reviewed this referral. Signature of Q-COG Worker completing assessment (full name)

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Authorisation by Applicant		
<ul style="list-style-type: none"> • I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes 		
<ul style="list-style-type: none"> • I give my permission for the outcome of this referral to be explained to the referral agency 		
<ul style="list-style-type: none"> • I agree to participate in a support package including support planning and assessment 		
<ul style="list-style-type: none"> • I would / would not like a copy of this referral (Delete as appropriate) 		
Applicant Signature:		Date.....

Authorisation Referral Agency		
Signature of person making referral.		
Position in company.		
Supporting Documentation / Additional Information		
Please list documents attached / Additional Information:		
Risk Assessment		
Additional Information		

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