**Shiloh support adults aged 18yrs+ who are homeless or at risk of homelessness.** *Priority is given to adults who are homeless*

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| **Referred Person’s Details** | | |
| Name: |  | |
| Address & Post Code |  | |
| Phone number |  | |
| Date of Birth |  | |
| Immigration status |  | |
| Are there any language or disability requirements? | |  |

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| **Accommodation Status** | | | | | | | |
| Rough Sleeping |  | Hostel | | | | |  |
| Squatting |  | Renting from private landlord | | | | |  |
| Sofa surfing or staying with friends/family |  | Renting from housing association or council | | | | |  |
| Rotherham Council’s temporary accommodation (B&B, Hotel, Crash Pad etc) |  | Supported Housing  Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Other (please specify): | | Home owner | | | | |  |
| **Registered Homeless Status** | | | | | | | |
| Has the referred person registered their homeless status with Rotherham Council’s homeless team? | | | Yes |  | No |  | |

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| **Reason for Referral** | | | |
| Moving On (tenancy ready course) |  | Health/Wellbeing Activities |  |
| Bank Account |  | One to one support |  |
| Other (please specify) | | | |
| **Further details:** Why has the person become homeless? What are their support needs? Why are you referring them? | | | |

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| **Assessed Risk** | | | | | | | |
| **RISK** | **LOW** | **MED** | | **HIGH** | | **Unknown** | |
| Alcohol misuse |  |  | |  | |  | |
| Drug misuse |  |  | |  | |  | |
| Violence |  |  | |  | |  | |
| Offending |  |  | |  | |  | |
| Mental Health |  |  | |  | |  | |
| Sexual Abuse/ Sex Work |  |  | |  | |  | |
| Please provide more details of any known risks, even if not listed above: | | | | | | | |
| **Existing Support** | | | | | | | |
| Are there any other organisations supporting your client? | | | Yes | |  | No |  |
| If yes, please list what support is in place and with who: | | | | | | | |

|  |  |  |  |  |
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| **Consent** | | | | |
| Has the adult given consent for this referral? | Yes |  | No |  |
| Has the adult given consent to share their personal data with us? |  |  |  |  |

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| --- | --- |
| **Referrer information:** | |
| Name |  |
| Organisation |  |
| Role/Position |  |
| Email |  |
| Direct line phone number |  |

**Declaration**

Shiloh hold personal information secure in accordance with the EU General Data Protection Regulation (GDPR). Shiloh will use the above data for administration purposes and to further its charitable aims. By submitting this form I understand that Shiloh may share my client’s personal information with other agencies (including the Police) for the purposes of providing support. These organisations will be required to protect this data to the same degree that Shiloh does.

I declare that I am acting on behalf of the referring organisation and I have made an initial risk and support needs assessment of the referred, based on my knowledge of the person, their situation, and the information held by our organisation, I understand that withholding information may put the lives of workers and residents at risk, and I assert that all relevant information has been fully declared and detailed on this form.

Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email this form to referrals@shilohrotherham.org.uk**