**YOUNG PERSON’S HOMELESSNESS PREVENTION PANEL REFERRAL FORM**

**How we use information collected about you in this form:**

We will collect your personal information in this form for the purpose of considering your application for housing or floating support.

By agreeing to offer your personal information for this purpose you will be agreeing that we can hold and share this information with other local housing authorities, supported accommodation providers and other agencies where appropriate.

You have the right to withdraw consent to share at any time. Equally you have the right to review or correct any of the information recorded. If you require any further information then please view the privacy policy on your local Council website.

**General information**

|  |  |
| --- | --- |
| **Name** | **DOB** |
| **NI number** | **Gender** Male / Female / Other or non binary |
| **Telephone number(s)** | **Eclipse number** |
| **Email address** | |
| **Last settled address/current address** | |
| **Correspondence address** | |

**If applying as a couple please complete below and a separate form for the partner**

|  |  |
| --- | --- |
| **Name** | **DOB** |

|  |
| --- |
| **Housing Situation (please complete the following questions)**   1. What is YP’s present housing situation? 2. What has caused the referral? 3. Where is the YP currently living/rough sleeping? 4. What are the issues? 5. What support is being requested? 6. What are the young person’s views on their housing situation? |

**Young Persons Aspirations**

|  |
| --- |
| What is important to you?  In the immediate term:  In the short term:  In the long term: |
| What support do you need or want? |
| Is there anything else you would like to tell us? |

**Address History**

|  |  |
| --- | --- |
| **Is YP a British Citizen?**  **Yes / No** | **If no, what is YP immigration status?** |

Addresses for the last five years (if possible), for care experienced young people leaving care pre 18 please just state which Local Authority accommodated you and for what dates (*for office use if needed please contact PA).*

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| --- | --- | --- | --- |
| **Address** | **Dates** | **Who were you living with** | **Reason for leaving** |
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**Does the YP have alternative accommodation available if necessary? If so, with who?**

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| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Telephone Number** | **Relationship to YP** | **Details/length of time can stay** |
|  |  |  |  |  |

**Dependent Children/Pregnancy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you have any children who regularly live with you or who you visit.**  **Yes / No** | | **If yes, do you have full/shared/no custody?** | | | |
| **Name of child/children** | | **DOB of child/children** | | **Who does the child/children live with?** | |
|  | |  | |  | |
| **YP pregnant?** | **Yes / No** | **Due date** | **/ /** | **Are social services involved?** | **Yes / No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **YP have any photo ID?** | **Yes / No** | **If yes, what form (passport/provisional/licence etc)** | **(take a copy and attach to paperwork)** |

**Identification**

**Care History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been in care (including respite care)?** | **Yes / No** | **Please provide details (dates/location/ages)** |  |
| **Do you have a Personal Advisor and or social worker** | **Yes / No** | **Please provide details (name of worker/last contact)** |  |

**Education/Employment and Income**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YP at college or studying?** | **Yes / No** | **Name of school/college** |  | | |
| **Course** |  | | |
| **YP working/ volunteering or have a traineeship or apprenticeship?** | **Yes / No** | **Type of employment** |  | **If traineeship/ apprenticeship how long is left?** |  |
| **Employer name** |  | | |
| **Hours worked per week** |  | | |
| **Income per week (if any)** |  | | |
| **Do you have any skills or hobbies you want us to know about?** | **Yes / No** | **Please provide details** |  | | |
| **Education achievements and goals** |  |  |  | | |
| **What work experience do you have?** |  |  |  | | |
| **YP in receipt of benefits?** | **Yes / No** | **Please provide details (application been made/any sanctions in place etc)** |  | | |
| **YP have any debts?** | **Yes / No** | **Please provide details** |  | | |

**Offending History**

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| --- | --- | --- | --- |
| **Do you have any unspent criminal convictions or cautions?**  [Microsoft Word - Guidance on the Rehabilitation of Offenders Act 1974 and the Exceptions Order 1975.docx (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945449/rehabilitation-of-offenders-guidance.pdf) | **Yes / No** | **Please provide details** |  |
| **Have you ever been in prison or young offenders institute** | **Yes / No** | **Please provide details** |  |
| **Do you have any licence conditions, restrictions or requirements placed on you?** | **Yes / No** | **Please provide details** |  |
| **Are you, or have you been, in contact with YOT/Probation?** | **Yes / No** | **Please provide details** |  |
| **YP reflection box from your perspective:**   * **what happened,** * **why did it happen** * **how do you feel about it now?**   **Do you have any triggers?**  **What are your coping strategies?** |  | | |

**Drugs and alcohol**

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| --- | --- | --- | --- |
| **Do you use drugs?** | **Yes / No** | **Please provide details (which drugs/how often)** |  |
| **Do you drink alcohol?** | **Yes / No** | **Please provide details (how much/often)** |  |
| **Do you smoke/vape?** | **Yes/No** | **Please provide details** |  |
| **What would you say your relationship/experience is/was with drugs and alcohol?** |  | **\*Specifics of support need(s)**  **\*Triggers or causes**  **\*Support currently in place/received in the past**  **\*Coping strategies** |  |

**Health**

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| --- | --- | --- | --- |
| **Are you registered with a GP?** | **Yes / No** | **Name of GP/surgery** |  |
| **Are you registered with a dentist?** | **Yes/No** | **Name/contact of dentist practice** |  |
| **Do you have any medical conditions or diagnosis, including SEND (special educational needs and disabilities)** | **Yes / No** | **Please provide details** |  |
| **What are your emotional or mental health needs?**  **Mental health needs / self-harm / suicidal ideation / emotional instability / attempted suicide / mental health strengths** |  | **\*Specifics of support need(s)**  **\*Triggers or causes**  **\*Support currently in place/received in the past**  **\*Coping strategies** |  |
| **Have you had any recent contact with the crisis team?** | **Yes / No** | **Please provide details** |  |
| **Do you currently take any prescribed medication?** | **Yes / No** | **Please provide details** |  |
| **Do you receive support from CAMHS/STEPS/adult mental health?** | **Yes / No** | **Name/contact details for worker** |  |

**Other Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you receive support from any other professionals (Inspire/Young Devon/Junction/REACH/Splitz/CHAT/ Safeguarding?** | **Yes / No** | **Name of agency** | **Name of worker** | **Telephone number** |
|  |  |  |
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**Support needs and strengths assessment**

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| --- | --- |
|  | * **Specifics of support need(s)** * **Triggers or causes** * **Support currently in place/received in the past** * **Coping strategies** |
| **What is your understanding of exploitation (financial /emotional/ physical / sexual)** |  |
| **Do you want to share any abuse that you have experienced that impacts on the way we need to support you now? (financial /coercive control/ neglect/ control/ emotional/ physical / sexual/ harassment and stalking)/ online)** |  |
| **Anger management / behavioural issues / risk of violence or aggressive behaviour / risk to adults, children or animals / carrying weapons?** |  |
| **Conflict resolution – how do you deal with conflict?** |  |
| **Self-care / personal hygiene/ eating adequately** |  |
| **Form filling / literacy skills / special educational needs / learning disabilities** |  |
| **Budgeting / paying bills / applying for benefits / saving money / debt management** |  |
| **Cooking / food shopping / cleaning and keeping personal space tidy** |  |
| **Attending support meetings / other meetings / contacting other agencies when needed** |  |
| **Lone travelling / getting to appointments or college/work etc** |  |
| **What parenting support would be useful? (if a parent)** |  |
| **Any further support needs/risks/details to add** |  |

**YPs strengths (eg good communication skills, good mediator, exercise, organisation skills, strong work ethic, creative, support network)**

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| --- | --- | --- | --- |
|  | | | |
| **Next of kin name and address** |  | **Telephone number** |  | |
| **Relationship to YP** |  | |
| **Consent to contact?** | **Yes / No** | |

**References**

Please provide details of two referees (tutor/support worker/family friend – not GP if possible):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Contact details** | **Relationship to YP** | **Time known and last contact** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |

**Once assessment completed, please tick as appropriate:**

**Name of worker**

**completing form: Agency:**

**Signature: Date: / /**

**I agree that all of the information documented in this form is correct, and I consent to this information being shared with the appropriate agencies as necessary. I understand that I can withdraw my consent to share at any time:**

**Name of YP:**

**Signature: Date: / /**