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| --- | --- |
| **Date of interview:**  | **Location of interview:** |
| **Full Name of Client:** |  |
| **Section One: Agency Referral information**  |
| **Referral agency** |  |
| **Referrer Name** |  |
| **Referrer Tel** |  |
| **Referrer Email**  |  |
| **Referrer Address** |  |
| **Section Two: Information Sharing for the client named above** |
| By allowing this form to be submitted to **First People Housing CIC**, I (Named in the Full Name of Client Box) hereby give my permission for **First People Housing CIC** to share personal information with other **service providers\*** in connection with my care, including accessing and sharing my medical, and if applicable, mental health, police, and any legal records.I understand that First People Housing CIC may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.**The Statement of Consent:**• I understand that personal information is held about me.• I have had the opportunity to discuss the implications of sharing or not sharing in formation about me.• I agree that personal, medical, police and any legal records/information about me  may be shared with other **service providers\*****\*The Service Providers are:**o NHS and other Health Services, including my GP practice.o Early Intervention Service including the Police and any Legal Representatives.o Adult Services.o Mental Health Services.o Education Support Services.o Social Care.o Voluntary Sector Organisationso Housing Providers.Your consent to share personal information is entirely voluntary and you maywithdraw your consent at any time. Should you have any questions about this process or wish to withdraw your consent please contact: Mark Woolman on 07787 198 935 or mark@firstpeople.org.uk |
| **Section Three: Client’s Personal information**  |
| **DOB:****Age:** |  |
| **What gender do you identify as?** |  | **Email:****Mob number:** |  |
| **Where do you consider is your Hometown?**  |  |
| **Why are you not there? if applicable** |  |
| **Current Address/ Previous Address** |  | **Postcode:** |  |
| **Country of Birth:** |  | **What town were you born in?** |  |
| **Nationality:** |  | **Ethnicity:** |  |
| **Religion:** |  | **Relationship status:** |  |
| **Have you any children? If so, how many? What are their ages and names?****Do you see them?****Do you get on with the other parent?** |  |
| **What is your employment status?** |  |
| **What is your background?****Why are you in this position?** |  |
| **What are your plans going forward if there are any?** |  |
| **Are you on the WHBC/ other council’s housing needs register** |  | **If so, what is your registration number?** |  |
| **What date did you sign on to the Housing Needs Register?** |  |
| **Section Four: The WAY Profile (Who Are You)** |
| **Name of client’s Probation Officer**  |  |
| **Probation Officers Tel number and email**  |  |
| **Do you have any criminal convictions?****If so what for?** |  |
| **Do you have a Criminal Behaviour Order (CBO) or Licence or both?****If so what are the details?** |  |
| **Do you have any outstanding court hearings?****If so, when and for what?** |  |
| **Do you have a history of violence?****If so, what?** |  |
| **Do you have any history of sex offences?****If so, what?** |  |
| **Do you have a history of Arson?****If so, what?**  |  |
| **What drugs are you taking?****If so, what agency are you engaging with?****What are the requirements of the engagement?** |  |
| **Are you a tobacco smoker or vape user?** |  |
| **Have you or do have any suicidal thoughts?****If so, when?** |  |
| **Have you ever attempted suicide?****If so, when?** |  |
| **Do have a history of self-harm?****If so what/how?** |  |
| **Are you receiving psychiatric support?****If so what for?**  |  |
| **Have you or do you suffer from fits or seizures?****If so, are you on a medication?** |  |
| **Any blood borne viruses like HIV, Hep, TB?****If so, what?** |  |
| **Do you have any visual/hearing difficulties?****If so, what?** |  |
| **Do you have any Issues with self-care?****If so, what?**  |  |
| **Do you have any Mobility Issues?****If so, what?** |  |
| **Do you have any Learning or Communication issues?****If so, what?** |  |
| **Section Five: Housing Benefit Information****This info should be added here where possible, and the client should be informed that we will all of this within four days of moving in.**  |
| **Do you have any ID? – passport, driving license for examples** |  |
| **What is your National Insurance Number?**  |  |
| **What is your NHS number?**  |  |
| **Have you claimed Housing Benefit before, If so for what address and when?** |  |
| **Are you claiming housing benefit as part of your Universal Credit or other benefit claim?** |  |
| **What is the name of your bank?** |  |
| **Do you have more than one bank account?** |  |
| **What are bank account numbers and how much money is in each?** |  |
| **We will also need to see proof of benefits – the benefit statement will be fine.** **(Screen shots/copies are fine)** |  |
| **We will need 3 months’ banks statements showing the benefits going in.** **Can This be provided?** **(Screen shots/copies are fine)** |  |
| **If not British and without a British Passport – The Housing Benefit application requires this information.**  |
| **When did you first come to the UK?** |  |
| **What is your settled status number?** |  |
| **When did you last come back into the UK say from a holiday or visiting family?**  |  |
| **The End!** | **Note to the client:** If you have not physically signed this referral form, by allowing this form to be submitted to First People Housing CIC you have, in effect, signed and agreed to the contents being accurate and, also agreed to the section 2. |
| **Signature of Client**  |  | **Date** |  |
| **Signature of Referrer** |  | **Date**  |  |