

startagainproject

Referral Form

All information in this form is confidential and will be treated with respect. Only information that will enable support to be provided for the young person will be requested. Information will not be released to other agencies without the young person's consent.

Form to be filled by referring agent and young person

Please fill in **ALL** sections of the referral form in order for the application to be considered.

Referring Agency Details

Referrer Name		Agency	
Contact Number		Email	
Position		Date	

Young Person Details

Name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		NI No.	
Contact No.		Email	
Current/Previous Address		Postcode	
Ethnicity		Religion	
Main Language		Legal Status	

Guardian/Next of Kin

Please can you provide the name(s), address and contact numbers of the significant people associated or connected to the young person.

Name		Name	
Address		Address	
Contact No.		Contact No.	
Relation to the young person		Relation to the young person	

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GP Details

Name	
Address	
Contact No.	

Health & Wellbeing

Please describe your current health including any medical conditions, allergies or medication required

Please give details of any mental health needs or concerns and/or input from Mental Health services

Do you use substance drugs or alcohol? Yes No

Please provide details including type of substance/drug/alcohol concerns

Have you been referred to a specialised agency regarding substance misuse. Please state below

Education/Training

College/Training Venue	
Tutor's Name	
Address	
Contact No.	

Employment Details

Is the young person currently working? Yes No

Start date of Employment	
Address	
Contact No.	

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Communication Skills

	Excellent	Good	Poor
Talking about yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing things with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing things with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with teachers/employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Independent Skills

	Excellent	Good	Poor
Prepare a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash & iron clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean bedroom & bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income and Benefits

Are you claiming benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of benefits	
Amount Received	
How Often	
Day Received	

Is there any other agency involvement/support (please specify)

Agency		Contact Person	
Support/Involvement		Email	

Legal Issues

Are you required to attend court? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide details and future court dates _____ _____

Does the applicant have a history with or current problem with any of the following?

Has the applicant got any physical health issues?

Yes No

If yes please explain

Has the applicant got any mental health issues?

Yes No

If yes please explain

Name and Contact of GP/CPN

Has the applicant got any previous housing issues? (e.g. evictions/anti-social behaviour

Yes No

If yes please explain

Has the applicant got any Learning Difficulties?

Yes No

If yes please explain

Has the applicant got any Criminal Convictions?

Yes No

If yes please explain

Has the applicant got any history of refusing support?

Yes No

If yes please explain

Looked After Young Person

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Is this young person subject to a care order?

Yes No

If yes please provide details

Social Worker/PA name and contact details *[if different from above]*

Are the LAC/Pathway/Support Plans/Risk Assessments in place?

Yes No

Character Reference

On a separate sheet, the referring agency must provide a character reference of the young person and to include information about the following;

- What have been the success milestones for the young person so far
- What are the challenges and barriers the young person deals with
- What are the future aspirations for this young person

By signing this form, you confirm that the information given is entirely true and that if there is any additional information Start Again Project need to know to assess their needs fully, it will be given in the character reference.

Referrer Signature

Date

Please return this completed referral form to

accommodation@start-again.co.uk or

13 New Street

Erdington

Birmingham

B23 6SD