



Referral Form

Foundation is committed to equality of opportunity. All efforts will be made to prevent discrimination or other unfair treatment against users of its services, regardless of race, colour, nationality, religion, disability, gender, age, sexual orientation and medical status.

REFERRAL TYPE

Foundation accommodation & support Floating support Triage Pre-tenancy Mediation

ABOUT THE CUSTOMER

Title	First Name	Surname	Date of Birth __/__/____
Address:			
Resident from:		Contact Telephone No:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	National Insurance No:		
Pregnant? Yes <input type="checkbox"/>	Expected Due date:		
What is the best way to contact the customer? If we can't contact them, is there anyone else who we can speak to?			

Emergency contact	First Name:		Surname:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship:		Contact No:	

CURRENT HOUSING SITUATION

Housing Register Number (if applicable):		Priority Status (if applicable):	
Housing Status:			

Prison details	Name of prison:		Prison number:	
Early release date:		Actual release date:		
Hostel details		Name of hostel:		
Date required to leave:				

Has the customer been refused accommodation in the last year? If so give details:

Please list any tenancy-related warnings, notices or evictions:

If this referral is for the customer and a child (or somebody else who is cared for by the customer) please add their details below:

First Name	Surname	DOB	Gender	Relationship	Lives with applicant
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/>

OFFENDING HISTORY AND RISK

Please list the most recent and serious offences (if applicable)

Offence/charge	Details	Date	Outcome/sentence/supervision

Please tick if it applies to your/the customer's offending history

Risk Tier Offender Type

Violent offence	<input type="checkbox"/>	Race-related offence	<input type="checkbox"/>	Sex offence	<input type="checkbox"/>	Fire setting/Arson	<input type="checkbox"/>
MARAC	<input type="checkbox"/>	PPO	<input type="checkbox"/>	IOM	<input type="checkbox"/>	Risk to staff	<input type="text"/>

Risk details

Support Needs

Please tick the areas on this assessment that you/they need support with.

Maximising income/benefits	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Reducing debts	<input type="checkbox"/>	Amount of arrears, if any: £	<input type="text"/>
Education and training	<input type="checkbox"/>	Social and cultural inclusion	<input type="checkbox"/>
Voluntary work	<input type="checkbox"/>	Family and friendships	<input type="checkbox"/>
Physical Health/Harm	<input type="checkbox"/>	Mental wellbeing	<input type="checkbox"/>
Alcohol/Drug use	<input type="checkbox"/>	Accommodation & living skills	<input type="checkbox"/>
Offending behaviour and orders	<input type="checkbox"/>	Avoiding Harm or Harming others	<input type="checkbox"/>
Confidence/involvement/control	<input type="checkbox"/>	Children/Parenting skills	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please state:	<input type="text"/>

Please provide a summary of the issues you have ticked, starting with the most urgent:

Has the customer recently been involved or is currently involved with any other services/agencies?
Please provide their details:

Contact type	Contact name	Name of the organisation
E-mail address	Mobile number	Office phone

REFERRAL AGENCY DETAILS

Is this a self-referral? YES

First Name	Surname
Organisation	Phone number

E-mail address	How long have you know the customer for?

Postal address - please use if you cannot provide an e-mail address

	Postcode	
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Would you like to be invited to the customer's assessment?

Will the customer require translation at the assessment?

If English is not the customer's first language what is it?

Is the customer aware of this referral and in agreement with it?

Does the content of this referral need to be kept confidential from the customer?

Which part of this referral should be kept confidential and why?

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How would you rate the ease of making a referral to Foundation?

Comments

EQUAL OPPORTUNITIES MONITORING FORM

Foundation treats everyone fairly, with respect and without prejudice. Diverse means different. We are all different, therefore diversity includes us all.

Customers requesting support will not be refused on the grounds of gender, ethnic origin, colour, religion, sexuality, disability, appearance or health.

To ensure that this policy is effective, we monitor our referrals according to the categories below.

Completion of this form is voluntary, but it does help us provide a better service if this information is given. Thank you.

I would describe my ethnic origin as:

I would describe myself as:

I would describe my sexuality as:

Do you identify as transgender (a person who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)?

What religion, religious denomination or body do you belong to?

What happens next?

Within 7 working days the customer will be contacted so an assessment can be arranged. You will be notified of the date and time of the assessment, which will take approximately 1-2 hours.

E-mail

If you are unable to access a local e-mail address please forward your referral to: central@foundationuk.org



There are 11 standards in total, which outline the level of service customers and stakeholders can expect from Foundation. They cover various parts of the service we provide, from the assessment process to the speed at which we should respond to your complaints. The standards which relate to the referral and assessment process are:

- ① Acknowledging a referral - within 1 working day.
- ② Informing the customer and the referral agency of the assessment date - 7 working days from receiving the referral form together with any supporting documentation
- ③ Maximum time taken from receiving the referral form to undertaking the assessment and providing a decision to the customer and the referral agency - 3 weeks.
- ④ Immediate low level support need identified and dealt with in the customers assessment.
- ⑤ Provide customers and referral agencies with an update of the customer's position on the waiting list Every 2 months and undertake a six monthly re-assessment.
- ⑥ Respond to a customer's appointment request - within 1 working day.
- ⑦ Support plan review - Every 3 months or after a significant change in circumstances.
- ⑧ Risk review - 24 hours after an incident and after each support plan review.
- ⑨ Reporting a safeguarding concern - Immediately reported & dealt with. Non-serious cases dealt within 48 hours.
- ⑩ Customers being notified that their support worker is away - If away for 5 working days and, where possible, they will be provided with a named replacement support worker.
- ⑪ Receive a response to a complaint - Acknowledged Immediately, where possible, otherwise 2 days. A full response will be received within 15 days, or the complainant will be notified why a response cannot be made within this time frame.