



NICHE CBS

## NICHE CBS

### REFERRAL AND ASSESSMENT FORM

This referral form will be the main document used by Niche CBS when assessing potential applicants and deciding whether to invite that person in for a preliminary meeting. The document will also be submitted to Eastbourne Borough Councils Housing Benefit Department and used to determine the applicants Support Needs and therefore eligibility for Exempt Accommodation Rents.

As such, the more details and information provided the easier that approval will be to secure.

The Referral Form has 10 sections:

1. Referral Information
2. Client Information
3. Housing History
4. Support Needs - Overview
5. Medical Information
6. Substance Misuse
7. Ex-offenders
8. Employment
9. Welfare Benefits, Income, and other sources of Funding/Support
10. Additional Information

Please fill out every relevant section as fully and completely as possible. The more information we have to make our assessment, the quicker and more successful an application can be. While each section, when relevant, has an Additional Information section, Section 10 is for any other important information not mentioned elsewhere in the form. For example, details of any ASC Care Package, Mental Health diagnosis etc can be detailed here.

Additional Documents can over course be emailed in with the referral form.

Thank you,  
Niche CBS

## 1. Referral Information

<b>Full name of person completing assessment</b>	
<b>Job Title</b>	
<b>Name of Referral Agency</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Date of Referral</b>	

## 2. Client Information

<b>Last name</b>	
<b>First name</b>	
<b>Other names known by</b>	
<b>Email address</b>	
<b>Phone number/s</b>	
<b>Client address (if any)</b>	
<b>Date of birth</b>	
<b>NI number</b>	
<b>Gender</b>	
<b>Preferred language</b>	
<b>Spoken English ability</b>	
<b>Country of origin</b>	
<b>Nationality</b>	
<b>Immigration status</b>	
<b>Recourse to public funds</b>	Yes / No
<b>Does the client have ID?</b>	Yes/No Types:

Ethnic origin			
White - British	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Mixed - White & Asian	<input type="checkbox"/>
Mixed - White & Black African	<input type="checkbox"/>	Mixed - White & Black Caribbean	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Next of kin details (optional)			
<b>Last name</b>			
<b>First name</b>			
<b>Address</b>			
<b>Relationship</b>		<b>Telephone no.</b>	

3. Housing History	
<b>Most Recent Address</b>	
<b>Region (LA in UK or region in non-UK)</b>	

Type of Housing:

- Private Rented       Council Tenancy       Supported Housing       Foster Care
- Rehab Unit       Hostel       Friends/Family       Prison
- Rough sleeping       B & B       Parental Home       Hospital Ward
- NFA       Foster Placement       Residential Care       Other
- HA

Please specify and give details:

**Housing history** (starting with most recent, last 5 years or more if possible)

Accommodation type	Dates to and from	Reason for leaving

**Historical and current housing issues** (tick all that apply)

Never had independent accommodation <input type="checkbox"/>	Needs sheltered accommodation <input type="checkbox"/>	Had previous tied accommodation <input type="checkbox"/>	
History of rent arrears <input type="checkbox"/>	Needs supported accommodation <input type="checkbox"/>	Relationship breakdown <input type="checkbox"/>	Escaping violence <input type="checkbox"/>
History of noise nuisance <input type="checkbox"/>	Evicted from previous accommodation <input type="checkbox"/>	Inability to cope <input type="checkbox"/>	Escaping sexual abuse/harassment <input type="checkbox"/>
Leaving residential care <input type="checkbox"/>	Hospital admission/discharge <input type="checkbox"/>	Mobility difficulties affecting access <input type="checkbox"/>	Anti-social behaviour <input type="checkbox"/>
Care leaver leaving foster care <input type="checkbox"/>	Prison discharge <input type="checkbox"/>	History of rough sleeping and street activity <input type="checkbox"/>	History of abandon tenancies <input type="checkbox"/>
Evicted - noise nuisance <input type="checkbox"/>	Evicted - rent arrears <input type="checkbox"/>	History of living in shared accommodation <input type="checkbox"/>	Overcrowding <input type="checkbox"/>
Current rent arrears <input type="checkbox"/>	Outstanding repairs issues <input type="checkbox"/>	Need additional security in home <input type="checkbox"/>	

**Client's Local Connection to Eastbourne** (tick all that apply)

**Reason for local connection:**

Previously/currently resident       Family association       Parent/sibling

Rough sleeping       Other

Please specify below:

**Additional comments** (use this section to highlight any housing issues or any identified patterns in relation to the previous housing difficulties)

## 4. Support Needs - Overview

### Primary Support Needs

Mental health	<input type="checkbox"/>	History of drug dependency/use	<input type="checkbox"/>	Frail elderly	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Elderly with mental health needs	<input type="checkbox"/>	Rough sleeping / street activity	<input type="checkbox"/>	Mentally disordered offender	<input type="checkbox"/>
Physical/sensory disability	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Young person (care leaver)	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>
Ex or current offender	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Asylum seeker	<input type="checkbox"/>
Single homeless with support	<input type="checkbox"/>	Sex worker	<input type="checkbox"/>				

### Secondary Support Needs

Mental health	<input type="checkbox"/>	History of drug dependency/use	<input type="checkbox"/>	Frail elderly	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Elderly with mental health needs	<input type="checkbox"/>	Rough sleeping / street activity	<input type="checkbox"/>	Mentally disordered offender	<input type="checkbox"/>
Physical/sensory Disability	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	Young person (care leaver)	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>
Ex or current offender	<input type="checkbox"/>	Sex worker	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
Single homeless with support	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>				

## 5. Medical Information

GP details (practice address) if registered:

**Mental Health**  
**MH diagnosis:**

**MH checklist** (key characteristics and support – tick all that may apply)

Suicidal ideation <input type="checkbox"/>	Paranoid/delusional thoughts <input type="checkbox"/>	Poor anger management/impulsive behaviour <input type="checkbox"/>	Suicide attempts <input type="checkbox"/>
Panic/anxiety attacks <input type="checkbox"/>	Social phobia <input type="checkbox"/>	Paranoia <input type="checkbox"/>	CPA level: standard <input type="checkbox"/>
CPA level : Enhanced <input type="checkbox"/>	Schizophrenia <input type="checkbox"/>	Depression <input type="checkbox"/>	On depot <input type="checkbox"/>
Receiving outpatient treatment <input type="checkbox"/>	Personality disorder <input type="checkbox"/>	Supported by Forensic MH Team <input type="checkbox"/>	

Contact details of Care Coordinator or other professional involved:

Additional notes:

Medication:

Level of support needs assessment (mental health):

High                       Medium                       Low                       No need

**Physical Health**

**PH diagnosis**

**Physical health checklist** (key characteristics and support – tick all that may apply)

Sensory impairment	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Motor-neurone disease	<input type="checkbox"/>
Mobility difficulties	<input type="checkbox"/>	Fatigue/tiredness	<input type="checkbox"/>	Out-patient hospital treatment	<input type="checkbox"/>
TB	<input type="checkbox"/>				
Other	<input type="checkbox"/>	Please specify .....			

**Additional notes and details of current treatment**

Level of support needs assessment (physical health):

High                       Medium                       Low                       No need

**6. Substance Misuse**

**Substance misuse checklist** (key characteristics and support – tick all that may apply)



Alcohol dependent  IV drug use  On methadone maintenance/reduction programme  Drug dependent

Completed rehab/detox programme  Attending counselling/day programme  Linked to STAR

Level & pattern of **alcohol** use (state consumption and pattern): .....

**Type of drug used**

Heroin  Crack  Methadone  Cocaine   
 Solvents  Cannabis  Tranquillisers  Khat / Qat   
 Amphetamines (speed)  Crystal Meth  Other prescribed Medication  Ketamine   
 Other  Please specify: .....

**Frequency of drug use (tick one option only)**

Daily  Weekly  Monthly  Occasionally  Rarely

**Additional notes on Drug Use**

Level of support needs assessment (alcohol):

High  Medium  Low  No need

Level of support needs assessment (drugs):

High  Medium  Low  No need

## 7. Ex-Offenders

**Ex-offender checklist** (key characteristics and support – tick all that may apply. Mandatory for ex-offenders)

### Type of Licence or Supervision Order

None <input type="checkbox"/>	Community Service Order <input type="checkbox"/>	Automatic Conditional Release Licence <input type="checkbox"/>	Probation Order / Community Sentence <input type="checkbox"/>
Young Offenders Institute Licence <input type="checkbox"/>	Discretionary Cond. Release Licence <input type="checkbox"/>	Life Licence <input type="checkbox"/>	Extended Supervision <input type="checkbox"/>
Section 42 (2) MHA <input type="checkbox"/>	Drug Rehabilitation Requirement <input type="checkbox"/>	Anti-Social Behaviour Order <input type="checkbox"/>	Schedule 1 Offender <input type="checkbox"/>
Known to MAPPA <input type="checkbox"/>	High Risk / Dangerous Offender <input type="checkbox"/>	Date Licence/Supervision Order Ends:	

**Additional notes** (include details of offences and/or conditions on licence and contact details of Offender Manager and Prison Officer)

<b>Prison</b>	Y/N		
<b>Sentences served:</b>	Dates from/to:	Offence:	
		Date last left prison Estimated date last left:	Please provide name of <b>last</b> prison

## 8. Employment

(Please include current and past employment/training details and volunteering experience)

Employment/training/education details	From	To	Reason for leaving

--	--	--	--

## 9. Welfare Benefits, Income and other sources of Funding/Support

Income/Funding type	Received since	Weekly amount	Proof confirmed	Notes – (Inc. Advance Payments/Sanctions/Deductions?)	
Is applicant submitting sickness certificates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If 'yes', since when?	
Is the applicant known to ASC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If 'yes', since when?	
Does the applicant have a Care Package in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If 'yes', since when?	
Is the Care Package ready to start immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		If 'no', then when?	
Has applicant received money from a local welfare assistance scheme in the past 12 months (i.e. Social Fund/Crisis Loan replacement)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Welfare benefit support needs (tick all that apply)**

History of discontinued benefits <input type="checkbox"/>	Loss of benefit book <input type="checkbox"/>	Not claiming full benefit entitlement <input type="checkbox"/>	Difficulty signing up for benefits <input type="checkbox"/>
Not linked to GP for sickness certificates <input type="checkbox"/>	Change of address details needed <input type="checkbox"/>	Currently not receiving any income <input type="checkbox"/>	No NINO <input type="checkbox"/>
Current payment through an appointee <input type="checkbox"/>	Not eligible for public funds <input type="checkbox"/>	Financial support via Social Services <input type="checkbox"/>	

**Loans and Outstanding Debts**

Have you got any outstanding loans/debt? Yes  No   
*(If 'yes' complete below)*

Type of loan/debt/arrears	Amount outstanding	Weekly payments	Comment

**Additional notes (use this section to explain in more detail any debt/arrears issues)**

## 10. Additional Notes

(Use this section to explain in more detail any area you feel has not been covered by the form so far, and will support the application.)

Thank you for completing the referral form, please email the completed form to:  
[referrals@niche-cbs.com](mailto:referrals@niche-cbs.com)