



Grace Recovery
Supported Housing Referral Form
Location of Property: Newport Gwent Wales
Tel: 07703334075
Email: caroline.johnson@amazinggraces.org
Website: www.amazinggracespaces.org

Full name of person being referred:	
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Overview

Amazing Grace Spaces operates supported accommodation in Newport. This supported accommodation is characterised by offering those in need a safe home, whilst providing guidance, mentoring and support to move forward positively in their lives. Amazing Grace Spaces currently operates 5 bed spaces.”

Vital Information

1. This form **must have typed answers** – handwritten forms will not be accepted
2. Referrals must be made by agencies on this form - self referrals are not accepted.
3. Information sharing by the referral agency is essential for a successful referral.
4. Where available the referring agency should forward any full risk-assessment and pathway plan relating to the person being referred.
5. **We must have received a FULLY completed referral form before we can interview anyone.**

Referral Criteria

To refer a person to Amazing Grace Spaces for supported accommodation, the candidate **MUST** meet the following criteria:

General Criteria

1. Female only
2. Single persons only.
3. Minimum Age: 18 years old
4. Maximum Age: 50
5. Must be eligible to receive Housing Benefit.
6. Must not be using a controlled drug¹ (this includes Cannabis and legal highs).
7. No alcohol is permitted on the premises. Recovering alcoholics considered based on individual's needs & condition.
8. Be prepared to have random swab/urine tests if required (you need to decide)
9. Must not be self-harming in an uncontrolled way.
10. Must not keep pets at the residence.

Support Related Criteria:

1. Must have medium support needs
2. Must have a desire to be helped towards positive change.
3. Must be willing to abide by the House Rules and License Agreement.
4. Must be comfortable with the Christian values of Amazing Grace Spaces
5. Must be willing to engage with the project and participate in meaningful activities. These would include: volunteering, training & education, skill development, employment or other paid work etc. based on evaluation. Target is minimum of 10 hours per week.
6. Must be willing to work with Amazing Grace Spaces weekly to meet the objectives of their Support Plan. This will include engaging with (and not restricted to) relevant activities, residents' meetings and workshops.

Please make sure you fill out this form fully with detail. This form will not be accepted if there is not adequate information. Please avoid one word answers.

This form must have typed answers – handwritten forms will not be accepted
No-one will be considered without an adequately completed referral form.

All referral forms to be emailed to: info@amazinggracespaces.org

1. Details of Referring Agency

Date of referral	
Name of agency	
Contact name from referral agency	
Address	
Office telephone number	
Mobile telephone number	
Email	
Nature of relationship with person you are referring?	
How long have you known the person you are referring?	
How did you meet the person you are referring?	

2. Applicant's Details

Full Name	
Gender	
Nationality	
First Language	
Age	
Date of Birth	
National Insurance Number	
Marital Status	
Next of Kin (if applicant wants to record this)	
Current address	
Telephone Number	

Registered with a Doctor? (if so which one)	
Registered with a Dentist? (if so which one)	
Registered with an Optician? (if so which one)	

3. APPLICANT'S DEPENDENT CHILDREN (will not be resident)

Name of Child	
Date of Birth	
Town of Residence	
Name of Principal Carer	
Name of Child	
Date of Birth	
Town of Residence	
Name of Principal Carer	
Name of Child	
Date of Birth	
Town of Residence	
Name of Principal Carer	
Name of Child	
Date of Birth	
Town of Residence	
Name of Principal Carer	

4. Identification

Does the applicant have the following to present to us. Please complete all lines.

Type of ID	Yes or No
Passport	
Birth Certificate	
Marriage Certificate	
Driving Licence	
Medical Card	

5. Family History / Background

(Please detail below)

6. Personal Situation / Care History

(Please detail below)

7. Employment and Education

EMPLOYMENT		Details
Summarise employment history		
Date of last employment:		
Company name of last employer:		
WORK STATUS	Yes/No	Details
In full-time work		
In part-time work		
Unemployed		
Undertaking voluntary work		
Over retirement age		
EDUCATION STATUS		
In higher education		

In further education		
Undertaking a training course		
An apprentice		
Educational achievement to date		

Please give any further detail below

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8. Finance

INCOME AND DEBT	YES/NO	DETAILS
Universal credit		
Personal Independence Payments		
Receiving other benefits		
How much income does the person receive each week and from where?		
Are there rent arrears?		
Is he/she in personal debt and how much is owed?		

9. Health

HEALTH CONDITIONS	Yes/no	If yes please give details
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Significant medical conditions - if receiving treatment please give detail		
Lack of self-care		
Recent hospitalisation		
Mobility problems / other physical disability		
Learning disability		
Mental health conditions – if receiving treatment please give detail		
Substance misuse – please give history and state if currently receiving support		

10. Housing History

Where did the applicant sleep last night?

Where has he been sleeping regularly for the last six months?

Please list last five addresses (as owner occupier or tenant)

Full Address	Type of Housing	Start Date	End Date	Reason for Leaving

Is there a history of difficulties regarding previous tenancies?

Category	Yes/no	If yes please give details
Rent Arrears		
Behaviour of friends		
Neighbour disputes		
Anti-social behaviour		
Evictions		
Harassment		
Other		

11. Safeguarding

Is the person subject to either of the following?	Yes or No	Details if answer is Yes
Multi Agency Public Protection Arrangement involvement		
Public Protection Unit involvement		

12. Criminal Convictions

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act

Date of Conviction	Offence	Sentence If custodial - how long served in prison?

13. Current Support Needs

In which of the following areas is support required? If the answer is N to most of these then this is not the most appropriate accommodation

HEALTH	Y/N	Life skills	Y/N
Mental health issues		Making and sustaining relationships	
Emotional support		Parenting skills	
General health and well-being		Gaining access to other services	
Substance misuse issues		Daily living skills – shopping, housework etc	

Healthy lifestyle		Literacy/numeracy	
SAFETY	Y/N	Finance/debt/budget management	
Domestic abuse concerns		Transitioning into independence	
Offending / risk taking behaviour			
Social skills/behaviour management			
Safeguarding concerns			
OTHER please detail to the right			

**Why does the applicant want to live in this accommodation and how can it help them?
This should be in their own words.**

RISK ASSESSMENT

NB: This Section MUST be completed

Please use the following definitions to answer the questions:

LOW	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.
MEDIUM	More frequent/regular incidents and/or of a more significant nature
HIGH	Likely, severe or significant

RISK TO OTHERS

Does the applicant have a history/is there a risk of any of the following violent offences/incidents to others:

Category	LOW	MEDIUM	HIGH
Physically abusive			
Threatening/challenging behaviour			
Feeling annoyed a lot of the time			
“Flying off the handle”			
Feeling aggressive and out of control			
Reactions do not match the situation i.e. getting very angry over minor issues			
Lack of remorse or regret			
Making serious false allegations			
Mentally abusive			
Sexually abusive			
Racially abusive			
Verbally abusive			
Theft			
Damage to property			
Arson			
Other types of offending behaviour			

Describe below potential triggers and who is at risk:

RISK TO SELF

Is there a history or current risk of any of the following?

Category	LOW	MEDIUM	HIGH
Suicidal thoughts or attempts			
Burning or cutting of skin			
Physical abuse of own body			
Eating disorders			
Accidental overdose			
Misuse of /non-compliance with medication			
Other forms of self-harm			
Abuse from others			
Learning difficulties			
Immaturity			
Difficulty Socialising			
Problems with eating or sleeping			
Isolation, withdrawing from people			
Feelings of hopelessness			
Self-neglect			
Feeling agitated, paranoid or unpredictable			
Feeling very high or low			
Hearing or seeing things that others find hard to believe or believing things will happen to them or others without rational cause			
Behaving in a way that others feel is inappropriate e.g. sexually disinhibited			

Feeling obsessed with violent videos, written materials or weapons			
Substance misuse			
Other mental health issues			

Describe below potential triggers and who is at risk:

OTHER SERVICES INVOLVED WITH THIS PERSON		
Name of Agency	Frequency	Purpose

Referral Agency support

As the referring agency how will you support the person while they are resident at the accommodation?

Contact Arrangements

Will the person have contact with family and friends? If so give details:

Identity

Are there any other issues regarding this person's identity that we should be aware of?

Any Other information. Please include any needs that should be brought to our attention

Please attach to the application if available

Included	
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Full risk assessment	<input type="checkbox"/>
Pathway plan	<input type="checkbox"/>
Support Plan	<input type="checkbox"/>
Mental Health Care Plan	<input type="checkbox"/>
Probation Report	<input type="checkbox"/>

Referral Agency Declaration

I confirm that any support by my agency will be ongoing during the applicant's stay at the accommodation. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at the accommodation if their application is successful.

Print Name: Signature.....

Name of Referral Agency: Position:

Declaration of person wanting to access Amazing Grace Spaces supported accommodation

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to Amazing Graces Spaces where necessary.

I also agree that Amazing Grace Spaces may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Print Name

Signature

Date.....