# The Winchester Beacon EMAIL REFERRAL & INITIAL RISK ASSESSMENT FORM (please complete all 4 pages)

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| **Application for: Title (Mr /Mrs/ Miss/ Ms)**  **First Name(s):** | | | | **Male / Female**  **Surname:** | | |
| **Name of Referral Agency:**  Tel. No. | | | | **Name of Agency Staff Member:**  Email: | | |
| **D.O.B.** |  | **Age:** |  | **National Insurance (N.I.) No:** | |  |
| Is he/she working? Yes  No | | | | **Applicant’s mobile phone number:** | | |
| Does he/she smoke? Yes  No | | | | **Alternative contact number:** | | |
| **What is the exit planned by you as referrer on the departure of the applicant from Winchester Beacon?** | | | | | | |
| Does he/she have any medical problems?  Yes  No  Allergies Yes  No | | | | If yes, details:  If yes, details: | | |
| Does he/she take prescribed medication? Yes  No | | | | If yes, details: | | |
| If yes, is there a Psychiatrist, keyworker, social or support worker, or CPN involved? Yes  No  Is there a care plan in place? Yes  No | | | | If yes, details: | | |
| Name and surgery address of GP (if known): Name: Dr  Address of surgery: Postcode Tel: | | | | | | |
| Does he/she have any form of physical disability?  Yes  No | | | | | If yes, details: | |
| Any background factors that might increase risk?  Eg: HIV? Hepatitis? Or any blood related disorder? | | | | | If yes, details: | |
| Is he/she a care leaver? Yes  No | | | | | If yes, details: | |
| Has he/she been excluded from any local agency recently? Yes  No | | | | | If yes, please note here and include more information in covering email reason, details & date of exclusion: | |
| Does he/she have TWO forms of ID? Yes  No | | | | | If yes, exact details: | |
| Is he/she claiming any form of benefits?  Income support (I/S)  Job Seekers Allowance (JSA)  Pension  Disability or PIP  Incapacity  Universal Credit  ESA  Other:  Date last signed on was: The next date of benefit payment is: | | | | | | |
| **Do they have any local connection to the Winchester area**? YES  ie from Winchester Town  or District  Details: NO  Connection to Hampshire Yes  No  **How and Where is their local connection?** | | | | | | |
| **Please indicate previous type of residence last night: hostel  friend/relative  rough sleeper**  Address or area living:  Town/city: Postcode: County:  Length of time in this area/address:  If less than 12 months, where was the client before this: | | | | | | |
| Is the applicant currently eligible for Housing Benefit? Yes  No  If not why not: | | | | | | |
| I have known the applicant for: days months | | | | | | |
| Main reason for this applicant being homeless?  Please provide a history of housing for the last two years; where they lived, the dates and why they left | | | | | | | |

**ADMITTANCE RISK ASSESSMENT FORM/2 - PLEASE COMPLETE ON REFERRAL**

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| **1**. **Risk of harm to others - violence & abuse** | | | YES | **NO** | **NOT known** | **Comments, triggers, more information**  **Please specify if ticked YES** | |
| 1. Is current behaviour/demeanour threatening/abusive? | | |  |  |  |  | |
| 1. Previous or past incidents of violence or physical aggression? | | |  |  |  |  | |
| 1. Expressing intent to harm others? | | |  |  |  |  | |
| 1. Evidence of intent to harm others eg keeps weapons? | | |  |  |  |  | |
| 1. History of drug and or alcohol misuse?   Methadone Script? If so where is it accessed?  Currently engaging with substance misuse services?  And if so where? | | |  |  |  |  | |
| 1. Alcohol use? – daily? Weekly? binge? | | |  |  |  |  | |
| 1. Illegal Drug use – daily? Weekly? binge?   More info please if yes | | |  |  |  | **NPS use Yes  No** | |
| 1. Custodial sentences or arrest for violent behaviour? | | |  |  |  |  | |
| 1. Previous history of abusing others? | | |  |  |  |  | |
| ***1.  Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **2. Risk of harm to others – sexual** | | | YES | **NO** | **NOT known** | **Comments or triggers, more information**  **Please specify if ticked YES** | |
| History of offending / sexually inappropriate behaviour?  MARAC? | | |  |  |  |  | |
| ***2.  Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **3**. **Risk of self harm or suicide** | | | YES | **NO** | **NOT known** | **Comments or triggers, more information**  **Please specify if ticked YES** | |
| a. Historical or current suicidal thoughts? | | |  |  |  |  | |
| b. Current or past self-harming behaviour? | | |  |  |  |  | |
| c. Recent significant life events? | | |  |  |  |  | |
| ***3.***  ***Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **4. Risk of self neglect/vulnerability to abuse** | | | YES | **NO** | **NOT known** | **Comments or triggers, more information**  **Please specify if ticked YES** | |
| 1. Any information regarding self neglect | | |  |  |  |  | |
| 1. Subject of current/ recent domestic violence?   Reported to Police? Yes  No | | |  |  |  |  | |
| 1. Learning difficulties/disabilities or inability to express needs? | | |  |  |  |  | |
| 1. Poor engagement with statutory services/concern expressed by others? Please detail. | | |  |  |  |  | |
| 1. Previously subjected to violence, harassment, abuse or threats from others? Please give more information | | |  |  |  |  | |
| ***4.  Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **5. Risk of damage to property** | | | YES | **NO** | **NOT known** | **Comments or triggers, more information** | |
| 1. **History of arson & dates?** | | |  |  |  |  | |
| 1. History of vandalism or significant damage to buildings? | | |  |  |  | Please give more details | |
| ***5.  Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **6. Background Factors** | | | YES | **NO** | **NOT known** | **Comments or triggers, more information**  **Please specify if ticked YES** | |
| **History of offending?**   1. Does he/she have a history of being admitted to a special hospital, secure unit or prison? | | |  |  |  |  | |
| 1. Are they on licence/ bail/ probation or MAPPA? | | |  |  |  |  | |
| 1. Anti-Social Behaviour Order or Acceptable Behaviour   Contract? | | |  |  |  |  | |
| d. Current mental health issues? | | |  |  |  |  | |
| e. Previous history of mental health issues? | | |  |  |  |  | |
| **7. Summary of applicant’s own Perception of Risk:** | | | | | | | |
| Any other relevant information: Support network? Family/friends? | | | | | | | |
| ***Risk is:*** | ***Significant/Volatile/ High Risk***  *Yes  No* | ***Significant but Stable/Medium Risk***  ***Yes  No*** | | | | | ***Low / Minimal Risk***  ***Yes  No*** |
| **AGENCY INFORMATION please (Council only):**   1. Has the applicant had a homelessness interview with you? **Yes  No**   Please detail advice given by your services at end of interview: | | | | | | | |
| 1. Is the applicant eligible to seek assistance under immigration rules? **Yes  No** 2. Is the applicant considered to be intentionally homeless? **Yes  No** 3. Is the applicant in priority need as specified by referral agency **Yes  No** 4. Is the applicant currently under sanction from benefit payment of any kind? **Yes**  **No**   **If yes, please give more information & length of period of sanction:** | | | | | | | |
| 1. Has a specific vulnerability been established eg care leaver or victim of DV? **Yes  No**   MARAC ? / repeat DV? / criminal justice proceedings? / safeguarding?  (Please tick if appropriate or add more information in covering note) | | | | | | | |
| G) Have they been referred to any other accommodation other than us? **Yes  No**  Please list schemes the applicant was referred to (and if refused the reason why):  Are you aware if the applicant has any housing debt? if so how much? | | | | | | | |
| 1. Has the applicant registered with your local authority housing register? **Yes  No**   If they are registered with you, what is their registration number and what banding are they in?  Bidding on Homechoice already **Yes  No  Referring agency regularly bidding on their behalf Yes  No** | | | | | | | |

**Please check you have completed all sections of this referral paperwork and make the applicant aware of**

**the following procedures:**

* Applicants with no proven local connection to Hampshire will have a maximum stay of two weeks at The Winchester Beacon so please make them aware of this.
* **Agency note**: Please be aware that if referring an applicant from outside the Winchester area, (but with proven Hampshire connection) that applicants may be entitled to a **maximum stay of 8 weeks** at Winchester Beacon. Within this time, we will expect your local authority to assist in sourcing accommodation for the client. Upon our acceptance of this applicant, it is a condition that your authority will accept back responsibility and care after this period of time as planned and agreed with Winchester Beacon.

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| *D Privacy Notice - By agreeing to completion of this referral form you agree to Winchester Beacon processing your*  *personal information in order to assess your housing needs and manage and develop any services we provide for*  *you or negotiate services on your behalf. Information will be kept secure and confidential, and will only be disclosed* *to those parties who have a legal and legitimate reason to know.*  *You have the right, under the prevailing Data Protection Legislation, to see and if necessary correct, personal data* *we hold about you.* I confirm that the information I have given is accurate and complete to the best of my knowledge. If it is later found that I have omitted or mis-stated important information then I am aware that my accommodation at Winchester Beacon may be at risk. I agree to work with Winchester Beacon staff and attend appointments arranged in order to secure accommodation that is more appropriate.  Further information can be obtained from our website [www.winchesterbeacon.org.uk](http://www.winchesterbeacon.org.uk)  **Signed by applicant, or on behalf of applicant: ……………………………………………………..…**  **PRINT NAME: ……………………………………………………………………. DATE:…../……/……….** |

Has the applicant been advised of the information above, and have they agreed to accept a bed at Winchester Beacon if offered one? **Yes  No**

This applicant has given their permission for you to gather and share this Information with us and gives Winchester Beacon permission to seek additional information from other agencies as considered necessary to ensure safety at Winchester Beacon. **Yes  No**

**SIGNED BY REFERRER Pl print name: PL INITIAL Date / / \_\_\_\_**

Please be aware that an incomplete referral form or too little information will cause the *referral to be delayed*

*Don’t forget to forward any recent Care and Support plans with this document and return this paperwork by email to* [*referrals@winchesterbeacon.org.uk*](mailto:referrals@winchesterbeacon.org.uk)

We will acknowledge receipt of all referrals, and if we have any further questions over your referral we will email questions back to you.

Please note that if we do not receive the requested information within 5 working days we will assume that the client being referred no longer requires a bed space with us. Please do try and inform us asap if the client no longer requires a bed with us.

With thanks,

The Winchester Beacon

Tel. 01962 862050

[admin@winchesterbeacon.org.uk](mailto:admin@winchesterbeacon.org.uk)

(Admin Office open 0900 - 1700 Monday to Friday

PS. If your client is unsure about accepting a bed with us, then do encourage them to look at our website so they know what to expect when they arrive or contact us to arrange a visit [www.winchesterbeacon.org.uk](http://www.winchesterbeacon.org.uk)