

SINGLE ACCESS POINT REFERRAL FORM

This form should be completed with the applicant's permission in order to receive floating support or supported accommodation. Please ensure the applicant understands the following before completing and signing the referral form –

Supported Accommodation: accommodation for those who are homeless and have housing related support needs or support needs which affect a person living independently. Referrals must explain why the applicant needs supported accommodation and give details on areas of support required.

Floating Support: is support provided in a customer's home or at a drop in session in a community setting. Support is offered for customers with housing related issues, who are at risk of homelessness and require homelessness prevention support. Applicants must have a tenancy or own a home in order to be eligible for floating support.

CUSTOMER CONSENT TO SHARE INFORMATION

If you approach an organisation within York for housing advice, accommodation or support, if you are being assessed under the Homelessness Reduction Act 2017, or apply to North Yorkshire Home Choice you are giving permission to staff to investigate/verify your application. You are also giving staff permission to share your information with other relevant organisations so they can offer/consider providing support, accommodation or specialist advice. This form asks you to confirm your consent to share the information you give

- to provide you with realistic housing options advice and assessment (including Housing Options interview, Youth Homeless Assessment, Older Persons housing assessment, Rough Sleeper assessments)
- to carry out homeless assessments in accordance with Housing Act 1996 Part 7 and the Homeless Reduction Act 2017
- to register and process a North Yorkshire Home Choice application
- to provide emergency accommodation (including No Second Night Out)
- to provide or make referral to support services
- to provide or make referral to accommodation services
- to manage waiting lists and identify available accommodation including regular updates about waiting lists / bed lists (basic information only)
- to ensure safety of staff, individual and customers
- to ensure consistency among services

We will only ask for / share information relevant to your application / referral on a 'need to know basis' in order to help or advise you including:

- your personal information and that of listed family members
- your housing history, including previous tenancies, home ownership
- your behaviour particular any nuisance, violent or criminal behaviour
- arrears and debts (including credit checks)
- medical information
- criminal convictions (including a Police National Computer Check)

Personal information will be shared without consent where there is significant risk to yourself or others or when fraud is suspected. Agencies will share information via secure systems, keep the information securely on file and computer and registered under the Data Protection Act 1988. Data will be saved in line with agency data retention policies.

Declaration of Consent

When signing the Single Access Point referral form you are also declaring that the information you have given is, to the best of your knowledge, correct and accurate and is needed to fully assess your needs and to make referrals to support or accommodation. **With-holding consent to share may limit access to services.** Permission to share can be reviewed at any time (at your request). Providers who share information –

CITY OF YORK COUNCIL
Housing Department - Housing Options, Housing Registrations – North Yorkshire Home Choice, Temporary Accommodation, Resettlement Services, Single Access Point, Landlord Services / Sheltered Schemes
Floating Support Services – Housing Options Support Worker, Hostel and Temporary accommodation Support Workers
Children’s Social Care / Leaving Care (for example any previous or current social work or Pathway involvement you or your family may have had) and CYC Children’s Advice Team (your involvement with them will be recorded on their
Local Area Teams (LAT) and Local Area Coordinators (LAC) – family related support submitted via Children’s Front Door
Young Peoples Services (Youth Offending Team, Schools and Education etc)
Adult Social Care and Mental Health Services
Finance Department (Housing Benefit /Council Tax Benefit Section)
ACCOMMODATION, ADVICE AND HOUSING SUPPORT PROVIDERS.
Salvation Army – outreach / advice for rough sleepers
Changing Lives – Union Terrace – Resettlement services for single homeless males 18 + and couples (including MEAM
Changing Lives – Robinson Court - Resettlement services for single homeless females 18 + and young people 16 - 25
SASH – Young Peoples 16 – 25 supported lodgings and floating support???
York Housing Association - Shipton Road and IHMS – supported housing and specialist floating support
Changing Lives - Shared Housing scheme 18 +
Changing Lives and Community Links – Housing need related floating support
Yorkshire Housing- Help at Hand – older persons 60 + and persons with disabilities 18 + floating support
Restore (York) Ltd –Supported housing for single homeless people aged 18+
Changing Lives – Drug and Alcohol Service
Local Authority Housing Departments, Registered Social Landlords and NYHC partners
Be Independent
York Together Pathway
Peasholme Charity – Next Steps floating support
Make Every Adult Matter (MEAM) – specialist floating support for entrenched rough sleepers
OTHER
North Yorkshire Police or other Police Authorities
Prisons, YOI’s, National Probation Service / Community Rehabilitation Companies and associated partners/ Youth Offending Teams
National Border Agency
Local Authority – all departments including Finance Departments, Adult Social Care, Childrens Social Care
Voluntary Organisations , including charities
Private landlords
Family members
Employers / Places of work
Health Services GP, community health workers, Child and Adolescent Mental Health Service –CAMHS, Adult Mental
Teacher or Tutor at College / school

PLEASE COMPLETE THIS REFERRAL FORM

Referral date		Which type of service/tier is required?
Agency name		<input type="checkbox"/> TIER 1 or <input type="checkbox"/> TIER 2 (Supported accommodation) <input type="checkbox"/> TIER 3 (Floating Support) <input type="checkbox"/> M/Health Supported accomm <input type="checkbox"/> M/H General Needs
Job Role/Title		
Referrers name <i>(if this is a m/h referral it must be the LEAD PROFESSIONAL making the referral)</i>		
Address		
Phone Number		
Email		

Applicant's surname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Applicant's forename		NI number	
Date of birth		Is the applicant pregnant? If yes - expected delivery date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's address:			Ex-armed forces?
Date moved in:		Care leaver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If currently in prison/secure premises – state release/discharge date			
Applicant contact details			
Dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and dob for each child –	
Do children reside permanently at The property with the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tenancy Status			
Does applicant communicate in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the applicant in receipt of social care or any other care package? e.g. Home care, personal assistant service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
Does the applicant have recourse to public funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
If applicant already has a care package give details			

All applicants must have a local connection to York. Confirm the grounds on which the applicant has a local connection.

Applicant has lived in York for 6 out of the last 12 months, or 3 out of the last 5 years. (For the purposes of local connection, residence in hospital, approved premises or prison does not count)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is currently employed in York. Employment must be meaningful, full or part time (Not casual or seasonal).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant has a close family member living in York that has done so for at least 5 years, who they are in contact with and who is either: Mother, Father, Adult Son/Daughter, Adult Brother/Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant has no local connection to any area. Please advise if you are requesting a local connection amnesty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Reason. (e.g. fleeing violence):	

PLEASE PROVIDE A **COMPLETE 5 YEAR HOUSING HISTORY** FOR BOTH SUPPORTED SERVICES AND FLOATING SUPPORT (Please continue on a separate sheet if necessary)

Applicant address:	Date from	
	Date until	
	Reason for leaving:	
Tenure type		
Applicant address:	Date from	
	Date until	
	Reason for leaving:	
Tenure type		
Applicant address:	Date from	
	Date until	
	Reason for leaving:	
Tenure type		
Applicant address:	Date from	
	Date until	
	Reason for leaving:	

Tenure type		
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	Date until	
	Reason for leaving:	
Tenure type		

SUPPORT AREA		If you have ticked yes, you must add further details. Applicants with few or no support needs may not be eligible for support. Referrals without enough detail will be returned	
Drug misuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain the issues to applicant and any known risks to others	
Alcohol misuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain the issues to applicant and any known risks to others	
Physical Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain the issues to applicant and any known risks to others	
Disability (tick as many as apply and add further if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mobility <input type="checkbox"/> Blind/Sight restricted <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Progressive disability <input type="checkbox"/> Mental health <input type="checkbox"/> Learning disability <input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Other - Please Specify:
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you are making a referral to mental health services <u>you must attach supporting evidence; samp/cpa/management plan etc..</u></p> <p>Explain the issues to applicant and any known risks to others</p>	
Any form of Abuse	Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> No abuse <input type="checkbox"/>	Please give outline of type of abuse and names of perpetrators where known.....	
Offending history	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Outline any offending.....	

Money Management	<input type="checkbox"/> Good <input type="checkbox"/> Poor	Describe what is working or not working for the applicant (the positives and/or negatives).....
Main economic status	<input type="checkbox"/> Full-time work (more than 24hrs) <input type="checkbox"/> Part-time work (less than 24hrs) <input type="checkbox"/> Govt training/Work programme <input type="checkbox"/> PIP <input type="checkbox"/> Retired <input type="checkbox"/> Inactive - not seeking work & not on any benefits <input type="checkbox"/> Full-time student <input type="checkbox"/> Apprentice <input type="checkbox"/> ESA - unable to work (long term sickness/disability) <input type="checkbox"/> Universal Credit <input type="checkbox"/> Legacy Benefits <input type="checkbox"/> Other Please specify:	
Family, relationships and children	Describe current situation and any issues	
Learning difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES' explain.....
Repair issues, ASB, or hoarding in the property	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe current situation and issues.....
Current Rent arrears, Notice to Quit, Notice of Seeking Possession	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Describe current situation and issues.....
FINANCIAL INVESTIGATIONS <i>– every effort should be taken by the referrer to identify <u>all</u> <u>debts/arrears</u> that the applicant may have accrued</i>	Have you carried out checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - What checks were undertaken and what did you find? If No – state why no checks made
Other support needs not mentioned above	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain if 'Yes'

The following section relates to the applicants risk - please fill out the risk analysis fully. Referrals should have a Police National Computer check carried out (where possible) and included within this assessment.

Does the applicant have a history of any of the following?			
Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent offences	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual offences against a child	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant subject to MAPPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual offences against an adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes which level	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Firearms or weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No	And which category	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Any prolific offender or MAPPA customer will require Offender Assessment System (OASYS)/management plan/risk document included with referral		List documents attached to referral –	
<u>THE REFERRAL WILL BE RETURNED IF YOU DO NOT PROVIDE THESE</u>		1. 2. 3.	
Name of lead professional		Phone number	
Service	Email		
Main Legal status. Please tick one.		Length of time since last conviction or release from custody. Please tick one.	
<input type="checkbox"/> Bail <input type="checkbox"/> Community order <input type="checkbox"/> Statutory post-release supervision <input type="checkbox"/> Voluntary post release supervision <input type="checkbox"/> None <input type="checkbox"/> Other - specify....		<input type="checkbox"/> Less than 12 months <input type="checkbox"/> 12 months or longer <input type="checkbox"/> On bail <input type="checkbox"/> None <input type="checkbox"/> Other – specify ...	
Sentence or licence end date			
Other order end date e.g. Sex offender			
Result of PNC check (Please ask for warning markers, disposals, curfew, tags and exclusions)			
Warning markers:			
Disposals:			
Referrer recommendations based on observation and facts e.g. applicant should be seen in pairs			
MENTAL HEALTH REFERRALS			

Does the applicant have a clinical risk management plan or other risk document from mental health services and have you provided all relevant documents?

Yes No

(THE REFERRAL WILL BE RETURNED IF YOU DO NOT PROVIDE ALL AVAILABLE SUPPORTING EVIDENCE)

Please use this box to summarise this referral;

include any further supporting information, outline most relevant support needs, any external influences, areas of conflict, abilities to engage, ways in which applicant might benefit from a particular service provider etc..

I do not wish to share information with the following people/agencies *(give details and reasons why)* –

Applicant Name <i>(print)</i>		I, the applicant, agree that I give my consent for the information recorded in this referral to be shared between all appropriate agencies
Applicant signature	DATE	
Referrers name <i>(print)</i>		<u>APPLICATIONS WITHOUT CUSTOMER SIGNED CONSENT WILL NOT BE PROCESSED</u>
Referrers signature	DATE	

Please return this form to – sap@york.gov.uk

or

SAP Officer, West Offices, Station Rise, York. YO1 6GA