



Fresh Horizons CNB Supported Housing Referral Form

Tel:0300 321 4702

Email: office@freshhorizonscnb.org

Website: www.freshhorizonscnb.org

Fresh Horizons CNB operates supported accommodation in Harrow, with 8 bed spaces, offering those in need a safe home, whilst providing guidance, mentoring and support to move forward positively in their lives. Facilities for residents include their own room with shared bathroom and kitchen.

**All referral forms must have typed answers and should be emailed to: office@freshhorizonscnb.org
Self Referrals are NOT accepted**

Referral Criteria

The candidate MUST meet the following criteria when applying for supported accommodation

General Criteria

1. Single male only
2. Minimum Age: 27 years old
3. Must be eligible to receive Housing Benefit.
4. Must not be using a controlled drug¹ (this includes Cannabis and legal highs).
5. No alcohol is permitted on the premises. Alcohol dependency based on individuals needs & condition.
6. Must not be self-harming in an uncontrolled way.
7. Must not keep pets at the residence.

Support Related Criteria:

1. Must have medium support needs and a desire to be helped towards positive change
2. Must be willing to abide by the House Rules and License Agreement.
3. Must be comfortable with the Christian values of Fresh Horizons CNB
4. Must be willing to engage and participate in meaningful activities. Target is a minimum of 10hrs per week.
5. Must be willing to work to meet the objectives of their Support Plan.
6. Must be willing to move into a different area for move on accommodation if this is required

1. Details of Referring Agency

Date of referral	
Name and contact number of agency	
Contact name from referral agency	
Email	
Nature of relationship with person you are referring?	
How long have you known the person you are referring?	
Reason for the referral	

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/164222/controlled-drugs-list.pdf

2. Applicant's Details

Full Name	
Mobile Number	
Date of Birth & Age	
Nationality & Place of Birth	
First Language	
Status	
National Insurance Number	
Marital Status	
List any ID they can show eg passport, birth certificate, driving licence	

3. Finance

INCOME AND DEBT	YES/NO	DETAILS
Universal Credit amount received		
PIP - amount received and how often		
Other benefits - confirm amount received		
Any personal debts		

4. Employment and Education

WORK STATUS	Yes/No	Details
In full-time or part-time work		
Unemployed or signed off long-term sick		
Over retirement age		
EDUCATION STATUS		
In higher or further education		
Undertaking training or apprenticeship		

5. Housing History - Please list last 3 years address history

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		
Anti-social behaviour or harrassment		
Evictions		
Other		

6. Health - Physical and Mental

HEALTH CONDITIONS	Yes/no	If yes please give details
List any current or previous medical conditions and hospitalisation		
Current medication and treatment		
Any mobility or other physical disabilities		
Any learning disability or literacy/numeracy concerns		

Any diagnosed or self-diagnosed mental health conditions		
Current medication or treatment for the above		
Substance and alcohol misuse - history/current use		
Is any support being received		

7. Criminal Convictions

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act and any pending court dates

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

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		

8. Probation

Category	Yes/no	If yes please give details
Name and contact details of probation officer		
Any restrictions/terms of probation		

9. 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		Literacy/numeracy	
General health and well-being		Gaining access to other services	
Substance misuse issues		Daily living skills – shopping, housework etc	
SAFETY	Y/N	Finance/debt/budget management	
Domestic abuse concerns		Transitioning into independence	
Offending / risk taking behaviour		OTHER please detail below	
Social skills/behaviour management			
Safeguarding concerns			

OTHER SERVICES INVOLVED WITH THIS PERSON		
Name of Agency	Frequency	Purpose

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			
Reactions do not match the situation i.e. getting very angry over minor issues			
Making serious false allegations			
Sexually abusive			
Racially abusive			
Verbally abusive			
Theft			
Damage to property			
Arson			

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			
Self Harm			
Eating disorders			
Misuse of /non-compliance with medication			
Abuse from others			
Difficulty Socialising			
Isolation, withdrawing from people			
Feeling agitated, paranoid or unpredictable			
Feeling very high or low			
Behaving in a way that others feel is inappropriate			

Describe below potential triggers and who is at risk:

Referral Agency support

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

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

Why does the applicant want to live in this accommodation and how can it help them?

This should be in their own words.

Please attach to the application if available

Included			
Full risk assessment	<input type="checkbox"/>	Mental Health Care Plan	<input type="checkbox"/>
Pathway plan	<input type="checkbox"/>	Probation Report	<input type="checkbox"/>
Support Plan	<input type="checkbox"/>	Copies of ID	<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 Fresh Horizons CNB supported accommodation

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to **Fresh Horizons CNB** where necessary.

I also agree that **Fresh Horizons CNB** may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Print Name

Date.....

Signature