|  |  |
| --- | --- |
| **Current Ward** | Click here to enter text. |
| **Date of Admission** | Click here to enter a date. |
| **Expected Discharge Date** | Click here to enter a date. |
| **Consultant Psychiatrist** | Click here to enter text. |
| **Care Co-ordinator** | Click here to enter text. |
| **Cluster No.** | Click here to enter text. |

**Walker House**

**Referral & Assessment Tool**

|  |
| --- |
| **Are you referring for:** |
| Resettlement  Prevention |

|  |  |
| --- | --- |
| **Client Details** | |
| **Name** | Click here to enter text. |
| **Age** | Click here to enter text. |
| **D.O.B.** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Tel. No** | Click here to enter text. |
| **Mob. No** | Click here to enter text. |
| **NHS ID** | Click here to enter text. |
| **NI No** | Click here to enter text. |

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| **Housing Information** | |
| **Current Housing situation** | Click here to enter text. |
| **Last Settled Address** | Click here to enter text. |
| **Reason For Loss of Accommodation (if applicable)** | Click here to enter text. |
| **Was Loss of Accommodation Intentional?** | Yes No |
| **Current Support / Other Agencies Involved** | Click here to enter text. |
| **Does the client have any pets?** | Yes No Details:Click here to enter text. |
| **Any dependent children?** | Yes No Details:Click here to enter text. |
| **If ‘Yes’ do they live with the client?** | Yes No |
| **If yes, what are their ages?** | Click here to enter text. |
| **Is the client pregnant?** | Yes No |
| **Any eviction history?** | Yes No Details:Click here to enter text. |
| **Any arrears?** | Yes No Details:Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **To Complete if Referring to Accommodation Services** | | | | | |
| **Is the client on a section of the MHA?** | | Yes  No | **If ‘Yes’, which section?** | Click here to enter text. | |
| **Is it likely they will come to the accommodation service on a section or a CTO?** | | | Yes  No | | |
| **If ‘Yes’, who is their responsible clinician? Please provide contact details** | | | Click here to enter text. | | |
| **If ‘Yes’, who is their Approved Mental Health Professional? Please provide contact details** | | | Click here to enter text. | | |
| **Benefit Information (tick all appropriate)** | | | | | |
| Housing Benefit | DLA | | Employment Support Allowance | | Attendance Allowance |
| PIP Care | PIP Mobility | | Does not claim benefits | | Pension |
| Private Income | Direct Payment Scheme | | Other (Please State):Click here to enter text. | | |

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| **Who has identified their support needs?** | Click here to enter text. |
| **Support Needs Identified** | |
| **Housing** | Click here to enter text. |
| **Floating Support** | Click here to enter text. |
| **Accommodation Based – 24 Hour Long Term** | Click here to enter text. |
| **Accommodation Based – 24 Hour Short Term** | Click here to enter text. |
| **Accommodation Based – Mon to Fri 9am to 5pm** | Click here to enter text. |
| **Accommodation Based – 7 Days – No Night Cover** | Click here to enter text. |
| **Accommodation Based – Non-Staffed 1-2 Visits Per Week** | Click here to enter text. |
| **Have there been any difficulties accessing accommodation services in the past?** | Click here to enter text. |
| **Are there any physical health needs?** | Yes No Details:Click here to enter text. |
| **Are there any cultural needs?** | Click here to enter text. |

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| **Drugs, Alcohol, Criminal Convictions & Violence** | |
| **Any Criminal Convictions? (Please State)** | Yes No Details:Click here to enter text. |
| **Has the client been the victim or perpetrator of any incidents of violence?** | Yes No Details:Click here to enter text. |
| **Is there anything we should be aware of regarding the client’s use of drugs and/or alcohol?** | Yes No Details:Click here to enter text. |

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| **Eligibility** | |
| **Has the client come to live in the UK in last 5 years?** | Yes No Details:Click here to enter text. |
| **Is the client an overseas student?** | Yes No Details:Click here to enter text. |
| **Has the client previously been refused benefits?** | Yes No Details:Click here to enter text. |
| **Is the client believed to be eligible for assistance?** | Yes No DetailsClick here to enter text. |

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| --- | --- |
| **Local Connection – What Is The Client’s Connection With Leeds?** | |
| **Normal Residence** | Click here to enter text. |
| **Family Association** | Click here to enter text. |
| **Employment** | Click here to enter text. |
| **Special Circumstances** | Click here to enter text. |
| **No Connection Anywhere** | Click here to enter text. |
| **Connection In Other Authority** | Click here to enter text. |

**SECTION 214**

The above section makes it an offence for anyone applying to Leeds City Council for housing or assistance with housing to knowingly or recklessly give false information or withhold information relevant to their application. Similarly, it is an offense not to inform the City Council of any changes or circumstances which occur while the Authority is trying to assist you.

The current level of the fine on conviction is a maximum of £5,000

The only exception of this is if the Council have not made you aware of these requirements or you can show a good reason for non-compliance.

If these requirements have been explained to you and you understand what they mean, please sign below.

Signature of client: Click here to enter text.

Signature of officer on behalf of contract provider: Click here to enter text.

Date: Click here to enter a date.

**YOUR INFORMATION**

**How we will store and use your information:**

In order to provide the best possible service to you, we will hold both paper and electronic copies of the information you have provided to us as well as other information related to your housing needs. This information will be held in strict accordance with the Data Protection Act 1998. We will only use your information for the purposes that we have told you about and for operational reasons where we are required to do so by Law (e.g. information we are required to provide during an audit). We will also comply with any legal request by a court or authorised body that requires us to release information to them.

We will share your information on a ‘need to know’ basis with other departments within the Council to assist us in (a) providing you with a successful housing outcome and (b) the detection and prevention of fraud.

**How we will share your information:**

In order to assist you in securing a housing solution we may need to share some or all of your information with prospective accommodation providers - including private landlords and voluntary sector accommodation projects. We will only share those details that these providers require in order to decide whether or not they are able to make you an offer of accommodation and to assess any support needs that you might have.

**Making enquiries on your behalf:**

In order to fully investigate your situation we may need to make enquires about your health, circumstances, income and housing history. All such information will be treated in the strictest confidence as outlined above. We need your written permission to request information from your GP, medical specialist, social worker, external agencies, building society or any other person or organisation involved with or acting for you.

Please note that we will not contact anyone who has used or threatened to use violence against you in the past or anyone from whom you may be at risk.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to Leeds Housing Options and third sector organisations working within the Gateway storing, using and sharing my information in line with the Data Protection Act 1998 and within the provisions outlined above. I further agree that Leeds Housing Options may share my information as is detailed above. I also agree to Leeds Housing Options making enquiries on my behalf as stated above and consent to such persons or organisations releasing the information that we require.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Diversity Monitoring (please tick all appropriate)** | | | | | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | | | | | |
| White – British | | | Black – Caribbean | | | | Asian – Indian | | | | White & Black – Caribbean | | | | | | | | Chinese |
| White – Irish | | | Black – African | | | | Asian – Pakistani | | | | White & Black – African | | | | | | | | Gypsy / Traveller |
| White – Other | | | Black – Other | | | | Asian – Bangladeshi | | | | White & Asian | | | | | | | | Any other |
|  | | |  | | | | Asian – Kashmiri | | | | Other Dual Background | | | | | | | | Not Known |
|  | | | Asian – Other | | | | | | | | Prefer no to say | | | | | | | | |
| **Gender** | | | | | | | | | | | | | | | | | | | |
| Male | | | Female | | | | Is this the gender you were assigned at birth?  Yes  / No  / Prefer not to say | | | | | | | | | | | | |
| **Sexuality** | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | Gay | | | | Lesbian | | Bisexual | | | Other | | | | Prefer not to say | | | | |
| **Relationship Status** | | | | | | | | | | | | | | | | | | | |
| Single | Married | | | | Civil Partnership | | | | | Co-Habiting | | | | Other | | | | | Prefer not to say |
| **Dependent Children** | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | Prefer not to say | | | | | |  | | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | Prefer not to say | | | | | |  | | | | | | |
| **Religion** | | | | | | | | | | | | | | | | | | | |
| Christian | | | Muslim | | | | Jewish | | | | Sikh | | | | | | Hindu | | |
| Buddhist | | | Other | | | | None | | | | Other | | | | | | Prefer not to say | | |
| **Residency Status** | | | | | | | | | | | | | | | | | | | |
| British Citizen | | | EU National | | | | Foreign Student | | | | | Destitute | | | | | | Asylum Seeker | |
| Refugee | | | Other | | | | Prefer not to say | | | | |  | | | | | | | |
| **Primary Diagnosis** | | | | Click here to enter text. | | | | | | **Secondary Diagnosis** | | | | | | Click here to enter text. | | | |
| **Issues** | | | | | | | | | | | | | | | | | | | |
| Client is in Hospital | | | | Client is Homeless | | | | | Client is in the community | | | | | | Client is coping badly | | | | |
| Clients current housing is inadequate | | | | | | | | | Client is in danger of losing their home | | | | | | Client is using Acute Community Service | | | | |
| **Enclosed Information** | | | | | | | | | | | | | | | | | | | |
| FACE Risk | | | CPA Minutes | | | | Child Protection Reports | | | | Adult Protection Reports | | | | | | | | Other |

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| Referrers Signature | Click here to enter text. |
| Date | Click here to enter a date. |

**Section B**

**Walker House Assessment Tool**

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| **Client Name** | Click here to enter text. |
| **Assessing Workers** | Click here to enter text. |
| **Organisation** | Click here to enter text. |
| **Dates of Assessment** | Click here to enter a date. |

**Confidentiality Information:**

* Please explain the assessment process to the client & inform them that the referrer has already given us information about them regarding this referral.
* Please explain the Confidentiality Policy.
* Explain that during the assessment process we may need to ask for information about them from other services who are involved in their welfare. Ask the client for their permission to allow us to do this so that we can fully assess whether the hostel is a suitable place for them.
* Go through the information below with the client and ask them to circle & sign to say they understand and agree.

|  |  |
| --- | --- |
| **I agree to the service provider approaching other agencies involved in my welfare regarding this referral** | Yes No |
| **I agree to other agencies involved in my welfare giving information to the service provider regarding this referral** | Yes No |
| **I agree to service provider informing the referring agency of the outcome of this assessment** | Yes No |
| **I agree that the assessment process has been explained to me** | Yes No |
| **I understand that I will not automatically be offered a placement at the hostel and that nay decision regarding this is made on the basis of the information in this assessment and from other agencies** | Yes No |
| **I confirm that the information I give in this assessment is true and correct** | Yes No |

|  |  |
| --- | --- |
| **Client Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |

|  |
| --- |
| **Motivation & Taking Responsibly** |
| **How do you feel about where your life is at the moment?** |
| Click here to enter text. |
| **Are there any changes you would like to make in your life?** |
| Click here to enter text. |
| **Have you made changes in the past?** |
| Click here to enter text. |
| **What helped you make changes?** |
| Click here to enter text. |

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| **Self Care & Living Skills** |
| **How do you manage cooking and shopping for yourself?** |
| Click here to enter text. |
| **How do you manage cleaning your home?** |
| Click here to enter text. |
| **How do you manage keeping yourself clean and washing clothes?** |
| Click here to enter text. |
| **What support do you think you would need to help take care of yourself better if any?** |
| Click here to enter text. |

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| **Managing Money** |
| **Tell us about your income at the moment & how you manage this?** |
| Click here to enter text. |
| **Are any deductions being taken from your benefit? If so, how much and when are they taken?**  **If so, when do they stop?** |
| Click here to enter text. |
| **Do you need support Making Claims or filling in forms?** |
| Click here to enter text. |
| **Do you need support to manage bills?** |
| Click here to enter text. |

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| **Social Networks & Relationships** |
| **Do you have any significant relationships? These could be partners, family, friends, or people you might call a carer. Do you want a carer’s pack to give to them?** |
| Click here to enter text. |
| **Do you have any children, and/or are you pregnant?** |
| Click here to enter text. |
| **Are any agencies involved with them, such as social services?** |
| Click here to enter text. |
| **Are there any safeguarding issues regarding your children?** |
| Click here to enter text. |
| **Do you have any cultural, religious, spiritual or lifestyle needs that we need to be aware of, or that we can support you with?** |
| Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drugs & Alcohol** | | | | | | | |
| **Questions** | **Scores** | | | | | | **Score** |
| **0** | **1** | **2** | | **3** | **4** |
| **Have you used drugs other than those required for medical reasons within the past 12 months?** | **Never** | **Less Than Monthly** | **2-4 Times per Month** | | **2-3 per Week** | **4+ Times per Week** | Click here to enter text. |
| **Is there any indication of drug misuse? (Consider history and current presentation)** | **No = 0** | | | **Yes = 1** | | | Click here to enter text. |
| **Total Score** | | | | | | | Click here to enter text. |
| **A score of 0 – no further action required**  **A score of 1 or more – please complete the ASSIST screen assessment (see appendix\* p.12)**  **Information given (verbal &/or leaflets): Yes  No** | | | | | | | |

|  |  |
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| **Are you using / have you ever used legal highs?** | **Yes  No** |
| **Are you using / have you ever used khat?** | **Yes  No** |

|  |
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| **Physical Health** |
| **Do you have any mobility issues? If so, how do they affect you? What aids and adaptations do you**  **need?** |
| Click here to enter text. |
| **Do you have any physical health problems? How do they affect you?** |
| Click here to enter text. |
| **Please tell us about any medication you take for any physical health or mental health problems?**  **What is the medication and the dose, what is it for? When do you take it?** |
| Click here to enter text. |
| **How do you cope with managing your medication?** |
| Click here to enter text. |

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| **Emotional & Mental Health** |
| **Do you have a mental health diagnosis? If yes how do you feel about the diagnosis?** |
| Click here to enter text. |
| **How** **do you feel your mental health impacts on you?** |
| Click here to enter text. |
| **What do you do to manage your mental health?** |
| Click here to enter text. |
| **What support do you need in this area?** |
| Click here to enter text. |

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| **Meaningful Use of Time** |
| **What is a typical day for you?** |
| Click here to enter text. |
| **How satisfied are you with how you spend your time?** |
| Click here to enter text. |
| **What kind of routine would you like to have, how would you like to spend your time?** |
| Click here to enter text. |
| **Please tell us about any education or training you have had? What are your thoughts about**  **education & training, how do you feel about learning new skills or brushing up on old skills?**  **How do you feel about college / training courses?** |
| Click here to enter text. |

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| **Managing Tenancy & Accommodation** |
| **Where have you lived in the last 5 years? Why did you move?** |
| Click here to enter text. |
| **Are you on any local council or housing association waiting lists?** |
| Click here to enter text. |
| **Have you ever been evicted?** |
| Click here to enter text. |
| **What housing situation are you aiming for?** |
| Click here to enter text. |

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| **Offending** |
| **Do you have any convictions?** |
| Click here to enter text. |
| **Do you have any current licence conditions, ASBOs or injunctions?** |
| Click here to enter text. |
| **Are you involved with probation services?** |
| Click here to enter text. |
| **Are there any particular circumstances that lead to you offending?** |
| Click here to enter text. |

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| **Risk** |
| **Discuss any concerns identified on the FACE Risk Profile, scores of 2 or over and how this could be managed to enable them to use the service.** |
| Click here to enter text. |
| **Inform the client what the next steps will be & once a decision is made we will be in touch.**  **THANK YOU** |

**APPENDIX\* (Only to be completed if directed – see page 8)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you ever used any drugs from the following groups? Tick box below if ‘yes’:** | | | | | | | |
|  | **Cannabis** (marijuana, pot, grass, hash etc) | **Cocaine**  (coke, crack, etc) | **Amphetamine type stimulants** (speed, diet pills, ecstacy, etc) | **Inhalants** (nitrous, glue, petrol, paint, thinner etc) | **Sedatives or Sleeping pills** (Valium, zopiclone etc) | **Hallucinogens** (LSD, acid, mushrooms, Special K, etc) | **Opioids** (heroin, morphine, methadone, codeine, etc) |
|  |  |  |  |  |  |  |
| **For any column above ticked ‘yes’ complete the column below**  In the past three months, how often have you used the illicit drug(s)? | | | | | | | |
| Never |  |  |  |  |  |  |  |
| Once or twice |  |  |  |  |  |  |  |
| Monthly |  |  |  |  |  |  |  |
| Weekly |  |  |  |  |  |  |  |
| Daily / almost daily |  |  |  |  |  |  |  |
| During the past three months, how often have you had a strong desire or urge to use the illicit drug(s)? | | | | | | | |
| Never |  |  |  |  |  |  |  |
| Once or twice |  |  |  |  |  |  |  |
| Monthly |  |  |  |  |  |  |  |
| Weekly |  |  |  |  |  |  |  |
| Daily / almost daily |  |  |  |  |  |  |  |
| During the past three months, how often has your use of illicit drug(s) led to health, social, legal or financial problems? | | | | | | | |
| Never |  |  |  |  |  |  |  |
| Once or twice |  |  |  |  |  |  |  |
| Monthly |  |  |  |  |  |  |  |
| Weekly |  |  |  |  |  |  |  |
| Daily / almost daily |  |  |  |  |  |  |  |
| During the past three months, how often have you failed to do what was normally expected of you because of your use of illicit drug(s)? | | | | | | | |
| Never |  |  |  |  |  |  |  |
| Once or twice |  |  |  |  |  |  |  |
| Monthly |  |  |  |  |  |  |  |
| Weekly |  |  |  |  |  |  |  |
| Daily / almost daily |  |  |  |  |  |  |  |
| Has your friend or relative or anyone else **ever** expressed concern about your use of illicit drug(s)? | | | | | | | |
| No, never |  |  |  |  |  |  |  |
| Yes, in the past 3 months |  |  |  |  |  |  |  |
| Yes, but not in the past 3 months |  |  |  |  |  |  |  |
| Have you ever tried and failed to control, cut down or stop using illicit drug(s)? | | | | | | | |
| No, never |  |  |  |  |  |  |  |
| Yes, in the past 3 months |  |  |  |  |  |  |  |
| Yes, but not in the past 3 months |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |