Uthink People Developing People provides specialised supported housing to some of the most vulnerable people in society, supporting and enabling them to live independently.

Specialised Supported Housing is a specific type of supported housing defined in the Housing Rents (Exceptions and Miscellaneous Provisions Regulations 2016) and is specifically designed or adapted for people who require specialised services to enable them to live independently.

***SECTION 1 - PROSPECTIVE CLIENTS DETAILS***

\* Please note there may be a need to share relevant and proportionate details of your information with the Local Authority where we are working with them to ensure community safety.\*

**NB. Along with the fully completed referral form, to be able to consider the applicant for housing we will require your latest risk assessment/care plan, or any additional information to accompany the referral.**

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Date of Referral:** | **Contact Number:** |
| **National Insurance Number:** | **Nationality:** |
| **Any previous names you have been known by:** | |

**Ethnicity**

**White Mixed Race Black or Black British Asian Other Ethnic group**

English  White & Asian  African  Indian  Chinese

Irish  White & African  Caribbean  Pakistani  Vietnamese

Scottish  White & Caribbean  Other background  Bangladeshi

Welsh  Other background

|  |
| --- |
| Other ethnic group Please specify: |

***Do you need help to understand and sign the referral form and the tenancy agreement?***

**Yes**  **No**

If yes, please include a copy of the best interest decision with the application.

**Exempt Accommodation Housing Benefit**

Exempt accommodation includes accommodation provided by a county council, housing association, registered charity or voluntary organisation where that body or person acting on their behalf provides the claimant with care, support or supervision. If you / the prospective tenant meet this criteria, please complete the form below.

**Are there any accessibility requirements we need to consider if we invite your client to a face-to-face assessment?**

**(eg wheelchair user)**

|  |
| --- |
|  |

**Please list all other relevant agencies involved in your clients care (please include contact name, telephone number, and email address):**

|  |  |  |
| --- | --- | --- |
| **Name of agency** | **Contact name** | **Contact details** |
|  |  |  |

***SECTION 2 – ESTABLISHING NEEDS***

**Please outline the tenancy sustainment that the prospective tenant will need to enable**

**them to manage their tenancy successfully *(tick all that apply)***

Setting up/payment of bills  Budgeting

Reporting repairs/maintenance  Keeping your/themselves and the property safe

Being a good neighbour  Keeping property clean and tidy

Other (please state):

**Does your client have any medical conditions you’d like to let us know about prior to assessment?**

No  Yes  Please State

**Are you requesting this accommodation because no other suitable accommodation is available?**

No  Yes

**(If other suitable property is available, please do not refer to Uthink for a housing option)**

**Briefly explain the reasons why your client is not able to be provided with accommodation by Local Authority, Housing Association or private landlord:**

|  |
| --- |
|  |

**Address History – please list everywhere your client has lived over the last five years, plus reasons for leaving. (None of this information will necessarily go against your chances of being housed by Uthink.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **Dates living at address** | **Landlord’s details** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Any other information? Eg reasons for gaps in address history:** | | | |

***SECTION 3 – ACCOMODATION REQUIREMENTS***

**Please tick which type of accommodation would be most suitable:**

Ground floor  First floor or above  Any other requirements?  Please State.

**Please give details of your clients requirements:**

|  |  |
| --- | --- |
| **Number of bedrooms:** |  |
| **Bath/shower/both:** |  |
| **Please list any accessibility requirements:** |  |

**Where your client want to live:**

|  |  |
| --- | --- |
| **Where you want to live (list all that apply):** |  |
| **Any specific areas within city/town?** |  |
| **Any areas to avoid?** |  |
| **Please list any local connections you have to the area in which you want to live (family, friends etc):** |  |

|  |
| --- |
| Are you referring your to us for a specific building or development?  No  Yes  (please specify) |

|  |
| --- |
| Does Your client have a care and support package? If yes, who is the provider?  No  Yes  (please specify) |

|  |
| --- |
| Will any other care and support be in situ once housing is provided? Please provide any further details which may be relevant. |

***SECTION 4 - ASSESSING RISK***

**Please list any cautions or convictions your client has relating to property or people or any police interaction**

|  |
| --- |
|  |

**Has your client ever committed, been cautioned or convicted for arson? Yes**  **No**

**If YES, please give more information:**

|  |
| --- |
|  |

**Additional Information** (include here any drug or alcohol dependency or abuse that will have an effect on a tenancy and other known individuals that associate with your client that may have an effect on the tenancy):

|  |
| --- |
|  |

**Are there any other person(s) that will be living in the property? Yes**  **No**

**If yes, please give the details below. We will need a separate referral form for anyone over 18:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Is this individual in employment?** | **Relationship to service user:** |
|  |  |  |  |

***SECTION 5 - ADDITIONAL INFORMATION REQUIRED FOR HOUSING BENEFIT (to be completed by the prospective tenant)***

**In order to be eligible for Exempt Housing Benefit, proof of ID and proof of benefits will need to be provided on assessment or at move-in.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What benefits are you receiving?**     * *(Please provide proof)* * **When did you start receiving this?** * **How much do you receive?** |  | Yes/No | Date | Amount |
| Job Seekers Allowance |  |  | £ |
| Income Support |  |  | £ |
| ESA – support group |  |  | £ |
| ESA – work related activities |  |  | £ |
| UC– work focused interview |  |  | £ |
| UC – no work requirements |  |  | £ |
| UC – work preparation group |  |  | £ |
| UC – all work related requirements |  |  | £ |
| Pension Credit |  |  | £ |
| Carers Allowance |  |  | £ |
| Other |  |  | £ |
| **Are you waiting to hear about any benefits?**  **(Please list if yes)** | Yes / No | | | |
| **Do you receive child benefit?** *If yes, please state child(s) full name and date(s) of birth*  **How Much?** | Yes / No           £      Week / Month | | | |

**In order to process this application, you must bring copies of the following documents with you to assessment:**

* Proof of benefit entitlement (benefits award letter or two months’ bank statements)
* Proof of National Insurance number (benefits award letter)
* Proof of ID (passport, benefits award letter or current utility bill)

***SECTION 6 - REFERRERS DETAILS***

|  |  |
| --- | --- |
| **Name:** | **Designation:** |
| **Organisation:** | **Contact Number:**  **Email** |

How long have you known your client?

|  |
| --- |
|  |

How did you hear about Uthink People Developing People?

Word of mouth

Marketing material

Google search / website

E shot

Other

Upon signing and returning this form, whilst this might not incur any fees or costs, this form an effective contract for services, where the referring body and Uthink will perform to, and adhere to minimum standards. These include but are not exhaustive:

* Build a relationship and rapport with prospective tenant/service user along with other key people, family, professionals, etc.
* Source the correct and appropriate property based upon assessed needs and then approval.
* Once all involved approve the final selection of property, Uthink will procure the property and make it ready, including any required furnishings.

***SECTION 7 - SIGNATURES***

**Please note – all information provided on this form must be accurate and true. Inaccurate or false information could result in the refusal of the referral.**

|  |  |
| --- | --- |
| **Referrer** | **Service user** |
| Signature:  Print Name:  Date: | Signature:  Print Name:  Date: |

**Please save the completed form and send with supporting documentation to:**

Suite 16  
West Lancashire Investment Centre  
White Moss Business Park  
Maple View  
Skelmersdale  
Lancashire  
WN8 9TG

Or Email: [admin@uthinkpdp.org.uk](mailto:admin@uthinkpdp.org.uk)