

**Midlands Rehabilitation Housing (MRH) Referral Form**

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| **Service User Details**  Service User’s Name:  Date of Birth:  Phone No:  National Insurance No: |
| Expected Discharge/Release Date:  Date Supported Housing Required:  Gender:  Nationality:  Current Address: |
| **Next of Kin/ Emergency contact details**  Name:  Address:  Phone Number:  Email: |
| **Reason for Referral** What is their current housing situation?  Reasons for seeking supported housing? |
| Please give details of any problems that have led to losing accommodation in the past: |
| Describe how they cope in the following areas: |
| * Paying rent: |
| * Keeping appointments: |
| * Cleaning: |
| * Cooking: |
| * Getting on with neighbours/housemates: |
| * Dealing with benefits: |

Have any applications for long-term housing been completed (e.g., council housing, housing associations)? If so, please give details:

Please list all addresses in the last 5 years:

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| **Section 2 – Health Needs** Mental Health Needs: Please list inclusive of diagnosis and medications:  NHS Number:  Mental illness/mental health needs: |
| Prescription Medication: Please provide full details, including dosage: |
| |  |  |  |  | | --- | --- | --- | --- | | **Medication** | **Dosage** | **Frequency** | **Reason for Medication** | |  |  |  |  |   Mental Capacity: Are there mental capacity issues? Supply further information including frequency, triggers, last episode, and last tested. |
| **Suicide Risk (if Care Coordinator or Social Worker involved, they will have information)** |
| * Suicidal ideation: Provide details on frequency, triggers, and last episode. |
| * Attempts to end life: Provide details on frequency, triggers, and last episode. |
| * Significant dates that may trigger relapse in mental state: |
| **Self-Harming Behaviours** |
| * Have they ever deliberately self-harmed? Provide details. |
| * Self-harming method(s): |
| * Self-harming triggers: |
| * Has this led to hospitalisation? Provide details. |
| **Physical Health Needs** Please list issues and support needs: |
| Prescription Medication: Please provide full details, including dosage. |
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| **Section 3 – Support Needs** Please give a brief description of support needs and issues currently faced: |
| * Substance misuse: |
| * Alcohol misuse: |
| * Offending behaviour / behaviour management: |
| * Domestic abuse: |
| * Mental health issues: |
| * Physical disability: |
| * Housing / Homelessness: |
| * Benefits/Financing/Debt/Budgeting: |
| * Social skills/isolation: |
| * Access to education, training, and employment: |
| **Professional Support Network** Please give details of any other agencies or supportive organisations involved, including names and contact details: 1. 2. 3. 4. |
| **Criminal Convictions** Please list ALL convictions with dates: |
| Are they or have they ever been under any form of supervision? Tick relevant box:  [ ] Probation  [ ] Suspended sentence  [ ] Supervision order  [ ] Parole  [ ] Care order  [ ] Care programme |
| Are they in custody? If so, please provide details: Release date: |
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| **Section 4: Risk Assessment** Please list risks associated with the service user or attach an up-to-date risk assessment if available: |
| Please state how long you have known/worked with the applicant:  What capacity have you known the applicant? |
| By signing and/or submitting this form, you agree that you have given accurate information. Note that we may be unable to accept the application if any information is false, which may lead to a complaint to your agency. |
| Signed Applicant: |
| Signed Referring Agency:  Name:  Job Title:  Tel:  Email:  Date: |

**Assessment Outcome (For Office Use Only)**

**Confidentiality and Sharing of Information Agreement**  
The sharing of personal or sensitive information is controlled by law. The Data Protection Act states that we are forbidden to share your information without consent, unless:

* You disclose that you intend to harm yourself or others.
* We believe a child is at risk of harm.
* Disclosure of a crime or the intention to commit a crime.
* By order of the courts.
* For the protection of national security.

As a service, we may need to share information with other services involved in your care, but only with your consent. When consent is given, the recipient is bound by the same legal duty.

Please initial next to the agencies you authorize us to share information with:

I confirm that confidentiality, data protection, and sharing of information have been explained to me. My personal information may be shared with the agencies/persons I have stated above.

Signed:  
Date:  
Printed Name:

Witnessed by:  
Signed:  
Date:  
Printed Name:

**Please return this form to:**  
Midlands Rehabilitation Housing CIC  
662a Western Boulevard, Nottingham NG8 5GN  
Email: referrals@mrh.org.uk