**Engage Hackney Referral & Assessment Form**

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| --- | --- | --- | --- |
| **Name of Service** | **Engage Hackney** | | |
| **Date of Referral** |  | **Date Received** |  |

**\* ALL FIELDS MUST BE COMPLETED IF THIS FORM IS TO BE ACCEPTED\***

**Please be aware that you may be contacted to discuss this referral further.**

**Until the referral is accepted the duty of care remains with the referrer**

**PLEASE SAVE AS A WORD DOCUMENT, NOT A PDF**

**This is a working document which will require us to complete on receiving the referral.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION ONE – to be completed by referrer** | | | | | | |
| **Applicants Details** | | | | | | |
| **Applicant’s Name** | | |  | | | |
| Telephone Numbers | | |  | | | |
| Current Address | | |  | | | |
| Post Code | | |  | | | |
| Gender |  | | | Ethnic Origin | |  |
| Date of Birth |  | | | NI Number | |  |
|  | | | | |  | |
| If not English, is help needed? | | | | | Yes  No | |
| Does the Applicant have a disability? | | | | | Yes  No | |
| If yes, please specify  any adaptations/assistance required? | | | | |  | |
|  | |  | | | | |
| Address | |  | | | | |
| Telephone Number | |  | | | | |
| Relationship | |  | | | | |

**Please complete fully when referring via an agency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRAL AGENCY DETAILS** | | | | |
| Agency |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone |  | E-mail | |  |
| Staff Name |  | Role | |  |
| How long have you known the applicant? | | |  | |
| Please describe the service you provide to the applicant and whether this will continue if the applicant is accepted for this service | | | | |
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| --- | --- |
| **Economic Status** | |
| Does the Applicant have recourse to public funds? | Yes  No |
| Which best describes the Applicant? | |
| Full time work (24 or more per week)  Part Time Work  Government Training / Work Programme  Job Seeker Allowance  Retired  Not seeking work  Full Time Student  P.I.P  Unable to Work – Sickness / Disability  Other Adult  Employment and Support Allowance  Retirement Pension  Disability Living Allowance  Tax Credits  Income Support  Individual Budget  Universal Credit  Other Benefits | |
| **Client Group** | |
| Primary Secondary  (one only) (one only)  Older people with support needs  Older people with dementia/ mental health problems  Frail elderly  Mental health problems  Learning disabilities  Physical or sensory disability  Single homeless with support  Alcohol misuse problems  Drug misuse problems  Offenders / people at risk of offending  Mentally disordered offenders  Young people at risk  Young people leaving care  At risk from domestic violence  People with HIV/ AIDS  Homeless families with support needs  Refugees  Teenage parents  Rough sleepers  Gypsies and travellers with support needs  Generic or complex  Children and Families | |

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| **Background history / current need** |
| Please state why the applicant is being referred to the service, how they will benefit from the support available, and how long you think support is required? |
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| --- | --- | --- | --- |
| **CURRENT HOUSING** | | | |
| Please tick the box which best describes the applicants current housing situation | | | |
| Local authority tenant (general needs)  Prison  HA tenant (general needs)  Approved probation hostel  Private rented  Children’s home/foster care  Tied home or rented with job  Bed and breakfast  Owner occupier  Shortlife housing  Supported housing  Living with family  Direct access hostel  Staying with friends  Sheltered housing  Any other temp accom.  Residential care home  Rough sleeping  Hospital  Other (please specify) | | | |
| Does the Applicant currently hold a tenancy or licence? | | | Yes  No |
| Name and Address of Landlord | |  | |
| Does the Applicant have to leave their current accommodation? | | | Yes  No |
| If Yes, please explain when and why they have to leave |  | | |

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| **OTHER AGENCIES INVOLVED IN THE APPLICANTS SUPPORT** | | | |
| Does the applicant have contact with other agencies e.g. Social Services, Probation Service, Mental Health Services, Drug Services, Drop In Centres? Please give full details | | | |
| Name, address, and phone number | | | What support is provided and how often does the applicant have contact? |
| **1** |  | |  |
| **2** |  | |  |
| **3** |  | |  |
| **4** |  | |  |
|  | | | |
|  | | | |
| Is the applicant | | | |
| Subject to the Mental Health CPA? Yes  No  Subject to a Drug Interventions Programme? Yes  No | | | |
| *If yes, please give details* | | ***j*** | |
| Subject of an Anti-Social Behaviour Order? Yes  No | | | |
| If yes, please give details | |  | |
| An Ex-Offender or currently on Probation? Yes  No | | | |
| If yes, please give details | |  | |
| Subject to MAPPA/ MARAC? Yes  No | | | |
| If yes, please give details | |  | |
| Statutorily Homeless? Yes  No | | | |
| If yes, please give details (borough, date etc) | |  | |
| Subject to Section 117? Yes  No | | | |
| If yes, please give details | |  | |
| Any other known risks? Yes ☐ No ☐ | | | |
| If yes, please give details | |  | |

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| **ADDITIONAL INFORMATION** |
| **Please refer to the Eligibility Criteria for the service as applications will not be processed without the required documentation. Please confirm which of the following additional information has been provided with the referral form** |
| Risk Assessment  Discharge summary  Reports/Review meeting minutes  Care Programme Approach Minutes  Leaving Care Pathways Plan  Other (detail): |

|  |  |
| --- | --- |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |
| **DECLARATION OF referral agency** | |
| I confirm that the information I have provided is correct and the applicant has given me consent to make a referral.  Signed: | Name:  Date: |

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| **Return Address** - Please return this completed form to |
| engagehackney@riverside.org.uk  or by post  **Engage Hackney**  **Riverside**  **Timber Wharf**  **Ermine Mews**  **5 Laburnum Street**  **London**  **E2 8BY** |

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| **ASSESSMENT FORM (FOR OFFICE USE ONLY)** |
| **SECTION TWO – to be completed by Engage Hackney** |

**Privacy Statement**

As part of providing Care and Support services to you, Riverside will collect and process your personal data.

The purposes for processing your personal data include updating our records of your care and support needs, completing individual risk assessments, and in some cases sharing your information with third parties. The full list of third parties is provided below, but examples may include where Riverside is working with the NHS, local authorities or DWP/Jobcentre to provide you with integrated support.

There are various legal bases for Riverside to process your personal data, including where we have a legal obligation to do so, when we need to protect your vital interests, or where we have gained your explicit consent.

For more information on how Riverside processes your personal data and your Data Protection rights, please see our Privacy notice on our website here - [Privacy - Riverside](https://www.riverside.org.uk/privacy/)

In signing this agreement, you are agreeing that you understand the following:

* I have discussed my care and support with the Riverside team, including the need to record and use relevant private and confidential information about me.
* In particular we have discussed whether there is a need to share my information, and, if there is, what information needs to be shared and who it needs to be shared with. Any questions I had have been answered satisfactorily.
* I understand that I am under no obligation to provide certain personal data or consent to it being shared with third parties. However, if I don’t consent to certain information being processed, this may affect Riverside’s ability to provide substantive Care and Support Services to me
* I understand that I can withdraw my consent at any time.

**Consent for Riverside to record, use and share relevant information**

I consent to Riverside sharing relevant personal data about me with the following agencies for the purposes of my care and support:

|  |  |
| --- | --- |
| Agency or person | Initial if agree |
| Job Centre Plus |  |
| GP |  |
| NHS Services (please specify if appropriate) |  |
| Social Services |  |
| Previous landlords |  |
| Probation Service |  |
| Police |  |
| Courts |  |
| Other housing associations/providers |  |
| Local Authority |  |
| DWP |  |
| Other services or agencies (please specify) |  |

**Consent for other agencies to share with Riverside**

I consent to the following agencies sharing relevant information about me with Riverside:

|  |  |
| --- | --- |
| Agency or person | Initial if agree |
| Job Centre Plus |  |
| GP |  |
| NHS Services (please specify if appropriate) |  |
| Social Services |  |
| Previous landlords |  |
| Probation Service |  |
| Police |  |
| Courts |  |
| Other housing associations/providers |  |
| Local Authority |  |
| DWP |  |
| Other services or agencies (please specify) |  |

If I **do not** want specific information to be shared with Riverside, I shall notify the relevant agency or agencies.

Signed …………………………………………………………………………………………

Printed name ………………………………………………………………………………….

Date ……………………………………………………………………………………………

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| --- | --- |
| **ASSESSMENT FORM (FOR OFFICE USE ONLY)** | |
| **SECTION TWO – to be completed by Engage Hackney** | |
| **Riva Number:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identification and eligibility** | | | | |
| What forms of ID have been provided? | | | | |
|  | | | | |
| Are you subject to immigration control? | | | Yes  No | |
| * If yes, you will need to provide us with a copy of documentation proving your status. We will only be able to accept your application if: * you have refugee status, or * you have been granted exceptional leave to remain and are not subject to a ‘no recourse to public funds condition’, or * you have been granted temporary leave to remain and are receiving welfare benefits * you have been granted indefinite leave to remain, not subject to any limitation or condition (settled status), unless you have obtained leave on the basis of a sponsorship undertaking have been resident in the UK for less than five years (unless your sponsor has died). | | | | |
| If I am granted support on the basis of false or misleading information, or because of information I have not given, I understand that my support may be terminated | | | | |
| **Applicant’s Signature** |  | **Date** | |  |

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| **AGENCIES AND ORGANISATIONS** | | | |
| **What agencies or organisations are you in contact with?** | | | |
| **GP** | | Name |  |
| Address |  | Telephone |  |
| Email |  |
| **Psychiatrist** | | Name |  |
| Address |  | Telephone |  |
| Email |  |
| **CPN** | | Name |  |
| Address |  | Telephone |  |
| Email |  |
| **Probation Officer / YOT Worker** | | Name |  |
| Address |  | Telephone |  |
| Email |  |
| **Other** (please specify) | | Name |  |
| Address |  | Telephone |  |
| Email |  |
| How often do you see the agencies list above, and what support do they provide you with? | | | |
|  | | | |

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| **Housing History** | | | | |
| **Please provide addresses for the last 5 years** | | | | |
| Dates: From & To | Address | Type of Housing | | Reason for Leaving |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Do you own a property, or have a tenancy at another property? | | | Yes  No | |
| Has your Landlord ever served you with a legal notice? | | | Yes  No | |
| Have you ever lost accommodation because of violence, harassment, arrears, drug taking or any other breach of a tenancy or licence agreement? | | | Yes  No | |
| Is there anywhere you cannot be housed safely | | | Yes  No | |
| If ‘Yes’ to any of the above please provide details | | | | |
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| **Dependents** | | | |
| If the applicant has children under the age of 16 please complete the sections below | | | |
| How many children are in your household? | | |  |
| Please tell us their names and dates of birth | | | |
| Name |  | Date of Birth |  |
| Name |  | Date of Birth |  |
| Name |  | Date of Birth |  |
| Name |  | Date of Birth |  |
| Name |  | Date of Birth |  |
| Are there any other dependents / Non dependents in the household? | | | Yes No |
| If Yes, please provide details | | | |

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| **INITIAL RISK CHECKLIST** | | | | |
| This is completed taking into account information received as part of the referral process, and in the absence of any other risk assessment provided by Riverside | | | | |
| **Risk Assessment History** | **Tick** | **Risk Behaviour** | | **Tick** |
| Violence |  | Heavy alcohol use | |  |
| Planned or attempted suicide |  | Drug use | |  |
| Self harm |  | Overdose | |  |
| Self neglect |  | Non compliance with medication | |  |
| Arson |  | Self neglect | |  |
| Recently left prison |  | Inappropriate sexual behaviour | |  |
| Recently left hospital |  | Violence towards staff/public | |  |
| Sex offences |  | Violence to other customers | |  |
| Incidents involving the Police |  | History of mental health difficulties | |  |
| Other History – Please State |  | | | |
| **Risk Management** | | | | |
| Briefly describe how the risks identified above are being managed | | | | |
|  | | | | |
| Are there are risks that are not currently being managed? If so please state below | | | Yes  No | |
|  | | | | |
| Are there concerns about immediate risks to the applicant or others? If so please state below. | | | Yes  No | |
|  | | | | |
| Is there enough information to complete a full Risk Assessment? | | | Yes  No | |
| Is any follow up action required? If so, please state below. | | | Yes  No | |
|  | | | | |

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| **SUPPORT NEEDS** | | |
| Engage Hackney offers support in the areas listed below. Please let us know which areas you feel you will need support in. If you are accepted into the service, we will complete a full needs assessment with you in the first few weeks**.** | | |
| **Do you need support in the following areas?** | **Yes** | **No** |
| Maximising and maintaining benefit claims |  |  |
| Debt Reduction – including paying bills and rent arrears |  |  |
| Support into paid work |  |  |
| Participation in work like activities – e.g. unpaid work/work experience |  |  |
| Meeting training, education or informal learning |  |  |
| Participating in leisure activities |  |  |
| Support due to family or relationship breakdown |  |  |
| Support due to experiencing domestic abuse |  |  |
| Support with physical health |  |  |
| Support with mental health |  |  |
| Support with emotional well-being |  |  |
| Support due to use of drugs / alcohol / substances |  |  |
| Support to move on |  |  |
| Support to maintain accommodation and avoid eviction |  |  |
| Support with utilities/repairs |  |  |
| Support to maintain safety and hygiene in the home |  |  |
| Support to get involved with activities in the community |  |  |
| Support to comply with statutory orders |  |  |
| Are there are any other areas of support not identified above? | | |
|  | | |

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| --- |
| Your support needs |
| Please describe areas of support need |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal opportunities monitoring** | | | | | | | |
| Riverside is committed to promoting equal opportunities in all aspects of its service. The information requested in this form will help us monitor the effectiveness of our policies and will be treated in the strictest confidence. | | | | | | | |
| **Are you** | | Male  Female  Transgender  Other: | | | | | |
| **What is your nationality?** | |  | | | | | |
| **How old are you?** | | | | | | | |
| 16 - 17  18 - 24 | 25 - 40  41 - 59 | | | 60 - 64  Over 65 | | | Do not wish to disclose |
| **How would you describe your ethnicity?** | | | | | | | |
| White British  Irish Other white background, please specify Black or Black British Caribbean  African Other Black background, please specify **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Asian background, please specify Mixed White and Asian  White and Black Caribbean  White and Black African  Other mixed background, please specifyOther Ethnic Group Arab  Chinese  Traveller - Gypsy / Romany Irish  Other, please specify | | | | | | | |
| **How would you describe your religion, belief?** | | | | | | | |
| None  Buddhist  Christian | | | Hindu  Jewish  Muslim | | | Sikh  Any other religion  Do not wish to disclose | |
| **Do you consider yourself to have a disability?** | | | | | No  Yes, please specify below | | |
| Hearing impairment  Learning Disability  Mental Health | | | Mobility  Progressive disability  Chronic illness | | | Visual impairment  Other  Please specify | |
| **How would you describe your sexual orientation?** | | | | | | | |
| Heterosexual  Bisexual | | | Gay woman  Do not wish to disclose | | | Gay Man  Other  Please specify: | |
| **Is there any additional information you want to tell us about?** | | | | | | | |
|  | | | | | | | |
| **Outcome of Assessment**  ACCEPT  REJECT | | | | | | | |
| **Community Navigator/Assistant Name** | | | |  | | | |
| **Signature** | | | |  | | | |
| **Date** | | | |  | | | |
| **Service Manager Name** | | | |  | | | |
| **Signature** | | | |  | | | |
| **Date** | | | |  | | | |
| If rejected, please give reasons: | | | | | | | |

**Care and Support Consent Form**

* I have discussed my care and support with the Riverside team, including the need to record and use relevant private and confidential information about me.
* In particular we have discussed whether there is a need to share my information, and, if there is, what information needs to be shared and who it needs to be shared with. Any questions I had have been answered satisfactorily.
* I understand that if I don’t consent to the information being recorded, used or shared as requested, it might not be possible to give me the care and support I need, or any care and support at all.
* I understand that I can withdraw my consent at any time.

1. **Consent for Riverside to record, use and share relevant information**
2. I consent to Riverside recording and using relevant privateand confidential information about me for the purposes of my care and support, **except for** the following specific information (please complete as appropriate)

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

1. I consent to Riverside sharing relevant privateand confidential information about me with the following agencies for the purposes of my care and support:

|  |  |
| --- | --- |
| **Agency or person** | **Initial if agree** |
| GP, dentist, NHS services (please specify if appropriate), social services |  |
| Job Centre Plus, local authority, DWP |  |
| Previous landlords, housing associations/providers |  |
| Probation Service, police, courts |  |
| Other services or agencies (please specify) |  |

**Except for** the following specific information with the following agencies (please complete as appropriate) ……………………………………………………………………………………………………………………………………………………………………………………………………

1. **Consent for other agencies to share with Riverside** .

I consent to the following agencies sharing relevant information about me with Riverside.

|  |  |
| --- | --- |
| **Agency or person** | **Initial if agree** |
| GP, dentist, NHS services (please specify if appropriate), social services |  |
| Job Centre Plus, local authority, DWP |  |
| Previous landlords, housing associations/providers |  |
| Probation Service, police, courts |  |
| Other services or agencies (please specify) |  |

If I **do not** want specific information to be shared with Riverside I shall notify the relevant agency or agencies.

Signed …………………………………………………………………………………………

Printed name ………………………………………………………………………………….

Date ……………………………………………………………………………………………