



New Hope Rehabilitation

New Hope Women's Accommodation Service

Referrer Details

Name	
Organisation	
Role	
Address	
Contact Number	
Email Address	
Date of referral:	

Referee Details

Name	
Date of Birth:	
National Insurance Number:	
Nationality <i>(If not British please state the date you arrived in the UK)</i>	
Contact Number	
Address <i>(Where applicable e.g. if you will be leaving a rehab or sofa surfing) give details of last known address – please leave blank if this does not apply to you</i>	
Emergency Contact Details:	Name: Address: Contact Number:

Relationship:

Please note referrals will be received where applicants meets **at least 2** of the following criteria:
Please tick relevant boxes:-

Homelessness Substance Misuse Offending Mental Health

The following sub categories breakdown specific areas that might require additional support or where a referral is being for a specific targeted area linked to the main categories as highlighted above:- (please tick)

Trafficking	<input type="checkbox"/>	HIV	<input type="checkbox"/>	Arranged Marriage	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
FGM	<input type="checkbox"/>	Grooming	<input type="checkbox"/>	Sexual Exploitation	<input type="checkbox"/>	Health Needs	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	Other:					

Referral agencies (e.g. Social Workers, Key Workers, Intervention Workers etc) to provide as much details as possible which will aid in the process being as speedy and efficient as possible. Where New Hope Rehabilitation are at full capacity your referral will be placed onto a waiting list. Please provide any information that may be relevant to the referral to include:-

- Care Plans and Risk Assessments
- Referee to provide as much detail as possible
- Both Referrer and Referee to sign and date the end of this referral application

A DELAY WILL BE IN PLACE WHERE DOCUMENTATION HAS NOT BEEN PROVIDED THEREFORE THE APPLICATION PROCESS WILL BE PALCED ON HOLD UNTIL FULL INFORMATION HAS BEEN PROVIDED

Does the referee engage with your provision and or other agencies to improve their present circumstances?

Yes No

If yes please provide details:

[Click here to enter text.](#)

Please confirm below that you are requesting New Hope Rehabilitation Supported Living Accommodation to provide support to the referee as a landlord who provides in house support which would not be required in an unsupported tenancy and separate to any other support services the referee may be accessing or wish to access?

Yes No

(NOTE: if the answer is **No** then NHR is not suitable for the needs of the referee and you should seek housing from general providers/housing aid etc)

Please details below the support that the referee requires to enable them to manage their tenancy successfully: (Please tick any relevant boxes)

Budgeting	<input type="checkbox"/>	Bills (<i>setting up and managing payments</i>)	<input type="checkbox"/>	Household Duties	<input type="checkbox"/>	Maintenance/repairs	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	Parenting Skills	<input type="checkbox"/>	Domestic Abuse Awareness	<input type="checkbox"/>	Healthy Relationships	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	Keeping Safe	<input type="checkbox"/>	Social Integration	<input type="checkbox"/>	Managing Behaviours	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	Education/ Training	<input type="checkbox"/>	Other: <input type="checkbox"/>	(Please provide details)		

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

Yes No

Please give details below of previous accommodation and reasons for leaving:

ACCOMMODATION REQUIREMENTS:

1. City/Town	
2. Areas	
3. Areas that are not suitable	
4. Any requirement linked to transport link/amenities etc	
5. Has the referee any links within the area?	Please provide details:
6. Risk factors to self?	
7. Risk factors to others?	

Please provide any Risk Assessment that Referrers and or partners may have that could assist this application process.

GP Details

GP Name:	
Surgery Address:	
Contact Number	

Other

Please provide any information in relation to previous tenancy e.g. damage, noise nuisance etc	Significant Incidents:
Additional information: <i>(please provide any information in relation to substance misuse, abuse, mental health that may have an effect on their tenancy and/or other associates that may have an effect on the referee or said tenancy)</i>	
Does the Referee have suitable capacity to understand and sign the Referral Form and Tenancy Agreement - <i>If No please include a copy of the best interest decision with the application</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If No provide details:

IN ORDER FOR THIS REFERRAL TO BE PROCESSED YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WITH THIS REFERRAL FORM:-

- Proof of entitlement to benefits (e.g. benefits award letter or two months bank statement)
- Proof of National Insurance Number (benefits award letter)
- Proof of ID (e.g. passport, driving licence, current utility bill, benefit awards letter)

Once complete email over to supportedliving@newhoperehab.co.uk