

## Referral to Learning Disability Single Referral Forum

**Please return to**  
 Christopher Davies  
 Heantun Housing Association  
 3 Wellington Road  
 Bilston  
 West Midlands  
 WV14 6AA  
 01902 571100  
 christopher.davies@heantun.co.uk

<b>Personal details:</b>	
<b>Name</b>	<b>Telephone number</b>
<b>Address</b>	<b>Date of Birth</b>
	<b>Relationship Status (e.g. married, single)</b>
<b>Postcode</b>	
	<b>Employment Status(e.g voluntary work, unemployed)</b>
<b>Registered disabled Yes/No</b>	<b>Languages spoken or understood</b>
<b>National Insurance Number</b>	<b>What benefits does the applicant receive?</b>
<b>Has the applicant got any savings? Yes/No</b>	<b>Is the applicant entitled to Housing Benefit? Yes/No</b>

<b>Present Accommodation</b> (e.g. in hospital/hostel, own tenancy, living with a friend or family)
<b>Is this supported accommodation? Yes/No</b>
<b>Name and Address of Landlord</b>

<b>The following person is helping with this referral and should be kept informed of my application:</b>	
<b>Name of Referrer</b>	
<b>Organisation</b>	
<b>Phone number</b>	
<b>Email address</b>	
<b>Position</b>	
<b>Referrer's Signature</b>	
<b>Date</b>	
<b>Please tell us about any assistance or requirements which maybe needed during a needs assessment</b>	
<b>Other people providing support :-</b>	
<b>GP</b>	
<b>Address</b>	
<b>Tel No</b>	
<b>Social Worker</b>	
<b>Tel no</b>	
<b>Family/friends</b>	
<b>Tel no</b>	

<b>Is there a person centred plan in place ?    Yes/No</b>
<b>Can this be shared with Heantun staff ? Yes/No</b>
<b>The following person can be contacted to discuss this further:-</b>
<b>Other assessments which can be shared with Heantun Staff</b>
e.g. Community Care Assessment / FAC Assessment / Risk Assessments
<b>The following person(s) can be contacted to discuss these further</b>

<b>Communication Needs</b>
(applicant's ability to read or use the phone, are translation services needed)
<b>Brief Summary of Health (conditions, medication, treatments)</b>
<b>Is there a health action plan or similar? Yes/No</b>
<b>Can this be shared with Heantun Staff? Yes/No</b>
<b>The following person can be contacted to discuss this further:-</b>
<b>Risk to self or others:</b>
<b>Risk to self</b>
Please describe any incidents of self harm, substance misuse, self neglect, or if the applicant is vulnerable to exploitation or abuse from others
<b>Please state how these risks are managed</b>
<b>Risk to others</b>
Please describe any issues of aggression or violence, substance misuse, fire setting, antisocial or challenging behaviour, damage to property, theft or inappropriate sexual behaviour etc.
<b>Please state how these are managed</b>

<b>Please give details of any other risks, concerns or history of criminal offences?</b>
<b>Please state how these risks are managed</b>

<b>Current Support Needs and how these are met</b>
<b>Managing a tenancy and looking after the home</b> e.g. reporting repairs, home improvements, safety in the home, daily living skills
<b>Financial</b> e.g. claiming benefits, managing and budgeting money
<b>Social</b> e.g. social contacts, work, training
<b>Emotional</b> e.g. coping skills, forming relationships and friendships
<b>Spiritual</b> e.g. beliefs, and celebrating cultural festivals



We operate policies designed to ensure that all applicants are treated equally. To enable us to monitor whether our policies are fully carried out, will you please provide the following information. This will only be used for statistical analysis.

### **Ethnic Origin Categories**

<b>Code</b>	<b>Description</b>	<b>Please Tick</b>
01	White – British	
02	White – Irish	
03	White – Other	
04	Mixed – White and Black Caribbean	
05	Mixed – White and Black African	
06	Mixed – White and Asian	
07	Mixed – Other	
08	Asian – Indian	
09	Asian – Pakistani	
10	Asian – Bangladeshi	
11	Asian – Other	
12	Black – Caribbean	
13	Black – African	
14	Black - Other	
15	Chinese	
16	Eastern European	
17	Middle East	
18	Other	

### **Ethnicity/ Disability Categories**

<b>Code</b>	<b>Description</b>	<b>Please tick</b>
01	Not disabled	
02	Physical Disability	
03	Wheelchair User	
04	Sensory Disability	
05	Hearing Impairment	
06	Visual Impairment	

#### **Declaration**

I agree to this referral being made and give permission for the information on this form to be shared at the relevant forum(s). I understand that this may include information about risks to myself and other people.

The information provided will be treated as confidential and will be used to make a decision about my eligibility for housing and support.

**Name**

**Signature**

**Date**