

Supported Lodgings for Homeless Young People

M3 Referral Form

Name of YP Young Person’s Name.

Project to be applied for (Please Tick Appropriate)

*M3 Supported Lodgings (2 Years)*  *M3 Emergency Lodgings (4Weeks)*

For office use only

|  |  |
| --- | --- |
| Date received |  |

|  |  |
| --- | --- |
| Date acknowledge and by whom |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates EL contacted |  |  |  |  |

**Outcome Details**

Placed  Yes  NO

*Details*

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|  |  |
| --- | --- |
| Referring Agency informed - √ |  |

|  |  |
| --- | --- |
| YP informed - √ |  |

Suite 2, St John’s Court, Bacup Road,Rawtenstall, Lancs, BB4 7PA

Tel: 01706 216600 Fax: 01706.216833

Email: [info@rossendalem3.org](mailto:info@rossendalem3.org) - Web Site [www.rossendalem3.org](http://www.rossendalem3.org)

**Young people who have a history of serious violence, sex offences, serious alcohol or drug issues, severe mental health problems or arson will not normally be accepted onto the scheme. Before referring any such persons, please check with the M3 Emergency Lodgings manager.**

**Referral Agency details**

**Contact Name** Referrers Name

Please ensure you complete all sections of the form, print, sign and send the Declarations

**Organisation** Your Organisation.

**Contact Number** Contact Tel Number.

#### Details of Young Person

Name Young Person’s Name. NINO National Insurance Num.

Date of Birth Use Drop down Calendar.

Age Use Drop down Calendar.

Contact details: Street Name.

Town.

City.

Post Code.

Ethnic Origin Choose an item. Nationality Click here to enter text.

Contact Tel Number: Enter Number. Gender Male Female

Email: Enter Email.

**Medical Information**

Are you registered with a doctor? Yes No

Name/Address: Click here to enter text.

Are you on any medication? Yes No

Do you have any disabilities, illnesses or medical problems, (including eating disorders) that you would like to tell us about?

Yes No

If yes to any above, please give details

Click here to enter details, please don’t go out of the box

**Duty Team Num** Contact Number

**Email** Email Address

#### Next of Kin

Name Click here to enter text.

Contact details: Street Name.

Town.

City.

Post Code.

Contact Phone Number: Enter Number. Relationship Choose an item.

**Current situation**

Where are you living at the moment? (Hostel, renting, family, friends, sleeping rough)

Click here to enter text.

How long have you been there? Click here to enter text.

Why do you feel the project you have applied for is suitable for you?

Click here to enter text.

##### Profile of young person

Do you have a Criminal Record? Yes No

Details – (Crime 🡪 Outcome 🡪 Sentence)

Click here to enter text.

Are you Subject to a Curfew? Yes No

Details Click here to enter text.

Do you have any Outstanding Fines? Yes No

Details (What is the fine for & How much is Outstanding)

Click here to enter text.

**Risk Assessment Matrix**

In Order to ensure the safety of customers and staff, it is our policy to complete a full risk assessment as part of our person centered approach.

To help this process, the referring agency is required to complete the matrix below to indicate any known risks associated with this application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Past | | | No Issues | Present | | Comments |
|  | Minor | | Major | X | Minor | Major | Short Explanation |
| **Mental Health** | | | | | | | |
| Self - Harm |  | |  |  |  |  | Click here to enter text. |
| Suicide  Attempts |  | |  |  |  |  | Click here to enter text. |
| Learning Difficulties |  | |  |  |  |  | Click here to enter text. |
| Severe Challenging  Behavior |  | |  |  |  |  | Click here to enter text. |
| Voices/  Hallucinations/  Delusions |  | |  |  |  |  | Click here to enter text. |
| **Behavior**  Details/Outcome/Sentence | | | | | | | |
| Theft | |  |  |  |  |  | Click here to enter text. |
| Burglary | |  |  |  |  |  | Click here to enter text. |
| Arson | |  |  |  |  |  | Click here to enter text. |
| Assault | |  |  |  |  |  | Click here to enter text. |
| Sexual Offending | |  |  |  |  |  | Click here to enter text. |
| Violent Behavior/  Aggression | |  |  |  |  |  | Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Past | | | No Issues | Present | | Comments |
|  | Minor | | Major | X | Minor | Major | Short Explanation |
| **Drink /Drug Use** | | | | | | | |
| Alcohol  (inc Disruptive Drinking) |  | |  |  |  |  | Click here to enter text. |
| Legal High |  | |  |  |  |  | Click here to enter text. |
| Cannabis |  | |  |  |  |  | Click here to enter text. |
| Cocaine |  | |  |  |  |  | Click here to enter text. |
| Amphetamine |  | |  |  |  |  | Click here to enter text. |
| Others |  | |  |  |  |  | Click here to enter text. |
| **Others** | | | | | | | |
| Physical Illness | |  |  |  |  |  | Click here to enter text. |
| Relationship  Problems | |  |  |  |  |  | Click here to enter text. |
| Daily Living Problems | |  |  |  |  |  | Click here to enter text. |
| Please use this space for any further information | | | | | | | |

**Care History:**

Have you been in care? Yes No

Where? Click here to enter text. When? Click here to enter text.

Any other Support needs? Please use this space for further support needs.

Have you ever Lived Independently? Yes No

Details:-Click here to enter text.

Please indicate preferred areas required? (Number in order of preference)

Rossendale  Hyndburn  Burnley  Pendle

Please inform M3 of area’s that YP would prefer not to be places and why?

(Preference, Barred etc.)

Click here to enter text.

##### Financial / Employment

Are you?

* In full time work Yes No
* In part time work Yes No
* Unemployed Yes No
* A student Yes No
* Receiving Income Support / JSA Yes No
* Receiving other benefits Yes No

How much income do you receive each week and from where?

Click here to enter text.

Are you in debt and how much is owed? Click here to enter text.

**Key Statement from Referring Agency**

Please complete with as much information as possible

***Agency declaration.***

I confirm that any support by my agency will be ongoing during the applicant’s stay on the scheme, to the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining on the scheme if their application is successful.

Signed…Print Sign and Send M3… Print Name… Click here to enter text..

Agency …… Click here to enter text. ……. Position Click here to enter text. …..

*Contact details ……* Click here to enter text. *………*

##### Applicant’s declaration(s)

Data Protection: - M3 Emergency Lodging fully endorses and adheres to the principals of Data Protection and the 1998 Act. The purpose of the Data Protection legislation is to regulate the way in which personal information about individuals, whether held on computer or in a manual filing system.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to the host provider and other M3 staff where necessary.

I also agree that the scheme worker may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary in order to support my application for lodgings.

##### Signed ……………………………. Name … Click here to enter text. …. Date…….Dropdown Calendar