

Supported Lodgings for Homeless 16-21 year olds

M3 Referral Form

Name of YP …………………………………………………………

For office use only

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates YP contacted |  |  |  |  |

**Outcome Details**

Placed 🞏 Yes 🞏 NO

Details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Tel: 01706 216600

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 M3 Project.**

**Referral Agency details**

**Contact name**

**Organisation**

**Contact Number Duty Team Num**

**Email**

#### Details of Young Person

Name Date of Birth

Age NI. No (if known)

Contact details:

Ethnic Origin Nationality

Contact Phone Number: Gender 🞏Male 🞏Female

Email:

**Medical Information**

Are you registered with a doctor? 🞏Yes 🞏No

Name/Address:

Are you on any medication? 🞏Yes 🞏No

Please give details

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

🞏Yes 🞏No

If Yes, please give details

#### Next of Kin

Name

Contact details:

Contact Phone Number:

Relationship

**Current situation**

Where are you currently living? (Hostel, renting, family, friends, sleeping rough)

How long have you been in this situation?

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

##### Profile of young person

Do you have a Criminal Record? 🞏Yes 🞏No

Details – (Crime 🡪 Outcome 🡪 Sentence)

Are you Subject to a Curfew? 🞏Yes 🞏No

Details

Do you have any Outstanding Fines? 🞏Yes 🞏No

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

**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 |  |
| **Mental Health** | | | | | | | |
| Self - Harm |  | |  |  |  |  |  |
| Suicidal thoughts or attempts |  | |  |  |  |  |  |
| Learning Difficulties |  | |  |  |  |  |  |
| Severe Challenging  Behavior |  | |  |  |  |  |  |
| Voices/  Hallucinations/  Delusions |  | |  |  |  |  |  |
| **Behavior**  Details/Outcome/Sentence | | | | | | | |
| Theft | |  |  |  |  |  |  |
| Burglary | |  |  |  |  |  |  |
| Arson | |  |  |  |  |  |  |
| Assault | |  |  |  |  |  |  |
| Sexual Offending | |  |  |  |  |  |  |
| Violent Behavior/  Aggression | |  |  |  |  |  |  |

Cont….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Past | | | No Issues | Present | | Comments |
|  | Minor | | Major | X | Minor | Major |  |
| **Drink /Drug Use** | | | | | | | |
| Alcohol  (inc Disruptive Drinking) |  | |  |  |  |  |  |
| Legal High |  | |  |  |  |  |  |
| Cannabis |  | |  |  |  |  |  |
| Cocaine |  | |  |  |  |  |  |
| Amphetamine |  | |  |  |  |  |  |
| Others |  | |  |  |  |  |  |
| **Others** | | | | | | | |
| Physical Illness | |  |  |  |  |  |  |
| Relationship  Problems | |  |  |  |  |  |  |
| Daily Living Problems | |  |  |  |  |  |  |

Please use this space for further information

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**Care History:**

Have you been in care? 🞏Yes 🞏No

Where? When?

Any other Support needs?

Have you ever Lived Independently? 🞏Yes 🞏No

Details:-

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 placed and why?

(Preference, Barred etc.)

##### Financial / Employment

Are you?

* In full time work 🞏Yes 🞏No
* In part time work 🞏Yes 🞏No
* Unemployed 🞏Yes 🞏No
* A student 🞏Yes 🞏No
* Receiving Universal Credit 🞏Yes 🞏No
* Receiving other benefits 🞏Yes 🞏No

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

Are you in debt/have a sanction and how much is owed/being taken out of your money?

**Key Statement from Referring Agency** (Please completed 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 Name…………………………..

Agency ……………………………………. Position ………………………………..

*Contact details ………………………………………………*

##### Applicant’s declaration(s)

M3 Project is fully committed to compliance with the requirements of the General Data Protection Regulations (GDPR) which came into effect 25th May 2018 and follows the repeal of the data Protection Act 1998*.* The project will therefore follow procedures that aim to ensure that all employees, volunteers, partners or other servants of the project who have access to any personal data held by or on behalf of the project, are fully aware of and abide by their duties and responsibilities under the Act.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to the Householder 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 supported lodgings.

##### Signed ……………………………. Name ……………………………….

##### Date……………….

##### Equal Opportunities Monitoring

How would the applicant describe her/his ethnic origin ?

Asian Pakistani  Asian Indian  Asian Bengali 

Asian other  ………………………………

Black African  Black Caribbean  Black Other ……………………

Chinese  Dual heritage ………………………

White British  White Irish 

I do not wish to say/unknown 