

Teenage Family Service Referral Form

Name …………………………………………………………

Supported Housing for Teenage Parents within East Lancashire

Referrals can be received from:

Supporting agencies

Self-referrals

Referral Criteria:

Clients must:

Be 16-21 yrs.

Have children/or be expecting a baby

Have a need for supported housing

Want to access support and structure

Be committed to working towards a person-centred support plan

Please send your completed referral to:

M3 Project

Suite 2, St Johns Court

Bacup Rd

Rawtenstall

BB47PA

Or:

[referrals@rossendalem3.org](mailto:info@rossendalem3.org)

### Details of Referring Agency

Name of agency

Name of referrer

Address

Telephone Number

Email address

Personal Details of applications

Name

Date of Birth

Age

National Insurance Number

Current address

Details of children

Expected Date of Delivery

Email address

Telephone Number

Name of next of Kin/details

Housing History

Please provide details of your previous addresses:

Address1

Dates

From

To

Reason for leaving

Address 2

Dates

From

To

Reason for leaving

Address 3

Dates

From

To

Reason for leaving

In your own word, please explain why you need housing assistance from The M3 Teenage Family Service?

##### Profile of young person

Is this case subject to any child protection/safeguarding procedures?..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Support Needs

Please tick what you feel are your support needs:

|  |  |
| --- | --- |
| Support Category | Please Tick |
| Achieve Economic Wellbeing |  |
| 1.Money Management |  |
| 2. Employment |  |
| Enjoy and Achieve |  |
| 3. Training and Education |  |
| 4. Communication Issues |  |
| 5. Cultural / Faith / Diversity Issues. |  |
| 6. Social / Leisure / Relationships |  |
| 7. Daily Living Skills |  |
| 8. Parent and child Responsibilities |  |
| Be Healthy |  |
| 9. Health |  |
| 10. Mental Health |  |
| 11. Alcohol and Substance Misuse |  |
| 12. Learning Difficulties Issues. |  |
| 13. Mobility |  |
| Stay Safe |  |
| 14. Housing |  |
| 15. offending Behaviour / ASB Issues |  |
| 16. Domestic Abuse |  |
| 17 Being Heard |  |
| Other Issues |  |
| 18. Independent Travel |  |
| 19. Other |  |

Please provide further details of your support needs as you have indicated in categories 1 – 19.

|  |
| --- |
|  |

Which area of East Lancashire do you require?

Additional support needs

Do you identify yourself with having a disability of any description?

Please explain

Professional statement from agencies

|  |  |
| --- | --- |
|  | |
| Referrers Name | Job Position |
| Referrer Signature | Date |
| Contact Telephone No | |

Risk Assessment Matrix

To ensure the safety of customers and staff, it is our policy to complete a full risk assessment as part of our person-centred approach.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please Tick Each Line Where Appropriate | | | | | | |
|  | No  issues | Past  minor | Past  major | Present  minor | Present  major | Present  Serious |
| Aggression |  |  |  |  |  |  |
| Disruptive Drinking |  |  |  |  |  |  |
| Drug use |  |  |  |  |  |  |
| Physical  Illness |  |  |  |  |  |  |
| Mental Health issues |  |  |  |  |  |  |
| Self-Harm |  |  |  |  |  |  |
| Suicide attempt |  |  |  |  |  |  |
| Domestic Abuse |  |  |  |  |  |  |
| Daily Living  Problems |  |  |  |  |  |  |

I confirm that the information provided on this form is to the best of my knowledge true and accurate at the time the application was made.

|  |
| --- |
| Referrer Name |
| Job Position |
| Contact Telephone Number |
| Referrer Signature |
| Date  Of application |

Financial / Income

Please provide details of all benefits or wages

Does the applicant owe arrears to previous Landlords?

Does the applicant currently have any debt issues?

Child Protection/Safeguarding information

Child Protection/Safeguarding involvement

Applicant’s declaration

Data Protection Statement

The Teenage Family Project fully endorses and adheres to the principals of The Data Protection Act 1998.

The purpose of the Data Protection legislation is to regulate the way in which personal information regarding individuals whether held electronically or via a manual filing system are maintained.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to any other agencies were necessary.

I give permission to The M3 Teenage Family project to contact individuals or agencies in the process of acquiring information to assist the assessment process.

##### Signed

##### Name

##### Date