

Winchester Churches Nightshelter EMAIL REFERRAL & INITIAL RISK ASSESSMENT FORM (please complete all 4 pages)

Application for : Title First Name(s):		Male or Female: Surname:	
Name of Referral Agency: Tel. No.		Name of Agency Staff Member: Email:	
D.O.B.	Age:	National Insurance (N.I.) No:	
Is he/she working? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where and working hours?		Applicant's mobile phone number:	
Does he/she smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>		Alternative contact number:	
Does he/she vape? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has the client been tested for COVID19? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what was the result?	
Does the client display any COVID19 symptoms?		If yes, what are the symptoms?	
What is the exit planned by you as referrer on the departure of the applicant from the Nightshelter?			
Does he/she have any medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	
Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	
Does he/she take prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	
If yes, is there a Psychiatrist, keyworker, social or support worker, or CPN involved? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a care plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	
Name and surgery address of GP (if known): Name: _____ Address of surgery: _____ Postcode: _____ Tel: _____			
Does he/she have any form of physical disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, details:	
Any background factors that might increase risk? Eg: HIV? Hepatitis? Or any blood related disorder?		If yes, details:	
Is he/she a care leaver?		If yes, details:	
Has he/she been excluded from any local agency recently?		If yes, please note here and include more information in covering email reason, details & date of exclusion:	
Does he/she have TWO forms of ID?		If yes, exact details:	
Is he/she claiming any form of benefits? Date last signed on was: _____ The next date of benefit payment is: _____			
Do they have any local connection to the Winchester area? Yes <input type="checkbox"/> No <input type="checkbox"/> WCC Town Yes <input type="checkbox"/> or WCC District Yes <input type="checkbox"/> Connection to Hampshire: Yes <input type="checkbox"/> No <input type="checkbox"/> How and Where is their local connection?			
Please indicate previous type of residence last night: Address or area living: _____ Town/city: _____ Postcode: _____ County: _____ Length of time in this area/address: _____ If less than 12 months, where was the client before this: _____			
Is the applicant currently eligible for Housing Benefit?		If no, why not: _____	
I have known the applicant for: _____			

Main reason for this applicant being homeless?

Please provide a history of housing for the last two years; where they lived, the dates and why they left

WCNS ADMITTANCE RISK ASSESSMENT FORM/2 - PLEASE COMPLETE ON REFERRAL

1. Risk of harm to others - violence & abuse		YES	NO	NOT known	Comments, triggers, more information <i>Please specify if ticked YES</i>
a.	Is current behaviour/demeanour threatening/abusive?				
b.	Previous or past incidents of violence or physical aggression?				
c.	Expressing intent to harm others?				
d.	Evidence of intent to harm others eg keeps weapons?				
e.	History of drug and or alcohol misuse? Methadone Script? If so where is it accessed? Currently engaging with substance misuse services. And if so where?				
f.	Alcohol use? – daily? Weekly? binge?				
g.	Illegal Drug use – daily? Weekly? binge? More info please if yes				NPS use Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Custodial sentences or arrest for violent behaviour?				
i.	Previous history of abusing others?				
1.	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Risk of harm to others – sexual		YES	NO	NOT known	Comments or triggers, more information <i>Please specify if ticked YES</i>
History of offending / sexually inappropriate behaviour? MARAC?			X		
2.	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Risk of self harm or suicide		YES	NO	NOT known	Comments or triggers, more information <i>Please specify if ticked YES</i>
a.	Historical or current suicidal thoughts?				
b.	Current or past self-harming behaviour?				
c.	Recent significant life events?				
3.	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Risk of self neglect/vulnerability to abuse		YES	NO	NOT known	Comments or triggers, more information <i>Please specify if ticked YES</i>
a)	Any information regarding self-neglect				
b)	Subject of current/ recent domestic violence? Reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/>				
c)	Learning difficulties/disabilities or inability to express needs?				
d)	Poor engagement with statutory services/concern expressed by others? Please detail.				

e) Previously subjected to violence, harassment, abuse or threats from others? Please give more information							
4. Risk is:	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>			Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Risk of damage to property				YES	NO	NOT known	Comments or triggers, more information
a. History of arson & dates?							
b. History of vandalism or significant damage to buildings?							
5. Risk is:	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>			Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Background Factors				YES	NO	NOT known	Comments or triggers, more information Please specify if ticked YES
History of offending?							
a. Does he/she have a history of being admitted to a special hospital, secure unit or prison?							
b. Are they on licence/ bail/ probation or MAPPA?							
c. Anti-Social Behaviour Order or Acceptable Behaviour Contract?							
d. Current mental health issues?							
e. Previous history of mental health issues?							
7. Summary of applicant's own Perception of Risk:							
Any other relevant information:							
Risk is:	Significant/Volatile/ High Risk Yes <input type="checkbox"/> No <input type="checkbox"/>	Significant but Stable/Medium Risk Yes <input type="checkbox"/> No <input type="checkbox"/>			Low / Minimal Risk Yes <input type="checkbox"/> No <input type="checkbox"/>		
AGENCY INFORMATION please (Council only):							
1. Has the applicant had a homelessness interview with you?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please detail advice given by your services at end of interview:							
2. Is the applicant eligible to seek assistance under immigration rules?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Is the applicant considered to be intentionally homeless?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Is the applicant in priority need as specified by referral agency				Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Is the applicant currently under sanction from benefit payment of any kind?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. If yes, Please give more information & length of period of sanction:							
7. Has a specific vulnerability been established eg care leaver or victim of DV?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
8. MARAC ? / repeat DV? / criminal justice proceedings? / safeguarding? (Please tick if appropriate or add more information in covering note)							
9. Have they been referred to any other accommodation other than us?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. Please list schemes the applicant was referred to (and if refused the reason why):							
11. If a PEIRS referral has been made to any other agency, please attach copy							
12. Have they previously stayed with us at the Nightshelter?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
13. Has the applicant registered with your local authority housing register?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
14. If they are registered with you, what banding are they in?							
15. Please supply the HomeChoice bidding number:							
16. Bidding on HomeChoice already				Yes <input type="checkbox"/> No <input type="checkbox"/>			
17. Referring agency regularly bidding on their behalf				Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please check you have completed all sections of this referral paperwork and make the applicant aware of

the following procedures:

- Applicants with no proven local connection to Hampshire will have a maximum stay of two weeks at the Nightshelter so please make them aware of this.
- **Agency note:** Please be aware that if referring an applicant from outside the Winchester area, (but with proven Hampshire connection) that applicants may be entitled to a **maximum stay of 8 weeks** at the Nightshelter. Within this time, we will expect your local authority to assist in sourcing accommodation for the client. Upon our acceptance of this applicant, it is a condition that your authority will accept back responsibility and care after this period of time as planned and agreed with the Nightshelter.

Privacy Notice - *By agreeing to completion of this referral form you agree to the Nightshelter processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate services on your behalf. Information will be kept secure and confidential, and will only be disclosed to those parties who have a legal and legitimate reason to know. You have the right, under the prevailing Data Protection Legislation, to see and if necessary correct, personal data we hold about you.*

I confirm that the information I have given is accurate and complete to the best of my knowledge. If it is later found that I have omitted or mis-stated important information then I am aware that my accommodation at the Nightshelter may be at risk. I agree to work with Nightshelter staff and attend appointments arranged in order to secure accommodation that is more appropriate.

Further information can be obtained from our website www.wcns.org.uk
Any queries about computer access please discuss with your referrer.

Signed by applicant, or on behalf of applicant:

PRINT NAME:

DATE:

Has the applicant been advised of the information above, and have they agreed to accept a bed at the Nightshelter if offered one? **Yes**

This applicant has given their permission for you to gather and share this Information with us, and gives the Nightshelter permission to seek additional information from other agencies as considered necessary to ensure safety at the Nightshelter. **Yes**

SIGNED BY REFERRER Please print name:

Please Initial:

Date:

Please be aware that an incomplete referral form or too little information will cause the referral to be delayed

Don't forget to forward any recent Care and Support plans with this document and return this paperwork by email to admin@wcns.org.uk
- If you have not received acknowledgement of your referral within 48 hours please do phone to ensure we have safely received your referral, and to find out the result of your application.

Please note that referrals need to be received by 1300hrs as the daily allocation of spare beds is made by 1400 hours daily. We will acknowledge receipt of all referrals, and if we have any further questions over your referral, we will email questions back to you. Please note that if we do not receive the requested information within 5 working days, we will assume that the client being referred no longer requires a bed space with us. Please do try and inform us asap if the client no longer requires a bed with us.

With thanks,
Winchester Churches Nightshelter
Tel. 01962 862050
admin@wcns.org.uk

PS. If your client is unsure about accepting a bed with us, then do encourage them to look at our website so they know what to expect when they arrive. www.wcns.org.uk