

## CENTRAL ACCESS POINT - REFERRAL FORM – Homelessness Prevention Service

The Central Access Point is the initial contact point for housing related support in the Mansfield, Ashfield, Bassetlaw, Newark and South Nott's areas.

To meet our Criteria, applicants must be:

- 16 years of age or over
- Living in (or have a local connection to) Nottinghamshire County
- In need of support around eviction/repossession, debts that could lead to loss of accommodation, finding accommodation, resettlement into the community and sustaining accommodation.
- Aware and in agreement that an application / referral is being made

If you or someone you know would benefit from one of these services please complete this form in full and return it to:

**Central Access Point**  
**Val Roberts House**  
**25 Gregory Boulevard**  
**Nottingham**  
**NG7 6NX**

Or fax it over to us:  
 Or complete online:

**0115 960 3901**  
**www.centralaccesspoint.org**

If you need help with the form or would prefer to apply for the service over the phone you can contact us on freephone:

**0800 0556184**

You can also text us on:

**07528 016812** and we'll get back in touch

Completed forms will be forwarded to an appropriate support service. The service will then arrange to meet with you to discuss the content of your referral in more detail. This will give you an opportunity to talk about any support needs and to also ask questions you might have about the service.

<b>Date form completed:</b>	<b>Service Required:</b> (Please tick)	Accommodation Finding	<input type="checkbox"/>
		Housing Related Support	<input type="checkbox"/>

<b>Name:</b>		<b>Alias:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>NI Number:</b>		<b>First Language:</b>	
<b>Tel Number:</b>		<b>Mob Number:</b>	

<b>If 16 or 17: Has a young person's assessment been made with Children's Social Care?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If Yes, do you know the outcome of the assessment? (Please give details)	

<b>Council where Local Connection exists:</b> must have resided <u>or</u> worked in area for 6 of last 12months <u>or</u> have contact with immediate family in the area.	
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<b>Are you pregnant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If yes, please give estimated due date:
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CAP OFFICE USE ONLY:

CAP Number:	Allocated to:	Allocation Date:
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<b>Accommodation Status:</b>			
No Fixed Abode <input type="checkbox"/>	Owner Occupier <input type="checkbox"/>	Renting (Council) <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>
Friends/Family <input type="checkbox"/>	Prison* <input type="checkbox"/>	Renting (Private) <input type="checkbox"/>	
		Other: <input type="checkbox"/> (please specify)	
*If currently in Prison, please give expected release date:			

<b>Address Information:</b> Please give current/care of address <u>and</u> new address if moving.					
Address:		Address:			
Postcode:		Postcode:			
This address is my: (Please specify)			This address is my: (Please specify)		
Current <input type="checkbox"/>	Care Of <input type="checkbox"/>	New <input type="checkbox"/> (if moving)	Current <input type="checkbox"/>	Care Of <input type="checkbox"/>	New <input type="checkbox"/> (if moving)
Can we send mail to this address? Yes <input type="checkbox"/> No <input type="checkbox"/>			Can we send mail to this address? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name/ contact details for current landlord:		Name/ contact details for new landlord:			

<b>Who else lives with you?</b>		
Name:	Relationship:	Age / date of birth:

<b>Are you in the process of being evicted?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please indicate which of the following applies:	(Please tick)	Date Received:
Received initial 'Notice re. Possession'	<input type="checkbox"/>	
Received 'Claim for Possession'	<input type="checkbox"/>	
Received 'Notice of Eviction'	<input type="checkbox"/>	
Received other paperwork	<input type="checkbox"/>	
Any other details:		

<b>Are you in the process of moving?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give us date of move and details of any assistance required:	Move Date:	
Details:		

<b>Have you / your partner / ex-partner ever served in the British Armed Forces?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, you may qualify for assistance from the Royal British Legion – would you be happy to receive contact regarding this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you are currently receiving support from other agencies please give details below.**

(You should include GP, Social Services, Probation, Drug/Alcohol treatment services, Connexions, any Mental Health professionals including Care Co-ordinator, CPN, Psychiatrist etc...)

Agency	Contact Name	Contact Telephone	Support Provided

**Please indicate the area(s) you require support with:** (Tick as applicable)

Alcohol Issues	<input type="checkbox"/>	Drug Issues	<input type="checkbox"/>
Offending Issues	<input type="checkbox"/>	Mental Health Issues*	<input type="checkbox"/>
Family / Child Concerns	<input type="checkbox"/>	*(Is this a formal diagnosis – give details below)	<input type="checkbox"/>
Finding Accommodation	<input type="checkbox"/>	Identified Learning Disability	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	Budgeting / debt / arrears	<input type="checkbox"/>
Dealing with official letters / bills etc...	<input type="checkbox"/>	Independent Living Skills	<input type="checkbox"/>
Dealing with abuse/harassment	<input type="checkbox"/>	Safety Issues	<input type="checkbox"/>
Physical Health / Special Adaptations	<input type="checkbox"/>	Acquiring furniture / appliances	<input type="checkbox"/>
Repairs & Maintenance	<input type="checkbox"/>	Community Involvement	<input type="checkbox"/>
Education / Training / Employment	<input type="checkbox"/>		

**Please give more details for each area ticked above:**


**Do you have relevant cultural or personal preferences we should know about?** e.g. require an interpreter /signer, a male/female worker, commitments which limit meeting at certain times, mobility issues etc? (Please specify)

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## RISK ASSESSMENT

**INFORMATION FOR SELF REFERRALS:** If you are applying for yourself please complete the questions below as fully and honestly as you can. We may need to contact someone who knows you to confirm/ clarify certain information. Please make sure you have given us relevant contact details (e.g. a social worker, probation officer or support worker).

**INFORMATION FOR REFERRING AGENTS:** We ask all referring agencies to complete a risk assessment to inform the team receiving the referral. If your agency has an up-to-date statutory risk assessment please include that with the referral form, if not please answer the questions below.

If you answer 'Yes' in any section – please provide some further information where indicated. We request that you involve your client in this process wherever possible, unless to do so would; in your opinion, increase the potential risk(s) posed.

Does your organisation carry out Statutory Risk Assessments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, is the most recent Risk Assessment attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are unable to provide a statutory Risk Assessment please complete the following in full.

Dangerous Behaviour / Risk to Others			Comment/Details
Violence towards others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aggression (including verbal) towards others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Abuse or Harassment of others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Danger to Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Anger Management / Impulsive Behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sexual Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Arson / Deliberate Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Emotional Well-being / Mental Health			Comment/Details
Detained Under Mental Health Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of Suicide Attempts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of Self-Harm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Personality Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dual Diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Self Care / Risk from Others			Comment/Details
History of serious self-neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of domestic abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of being abused/ exploited/ harassed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
History of Accidental Harm e.g. kitchen fire...	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Substance / Alcohol Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Physical Health Issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Pets			Comment/Details
Any pets? (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## DECLARATIONS – (Please read carefully before signing)

**Self Referrals** - I agree that the information I have provided is accurate and can be sent on to appropriate support providers. I hereby give consent for information related to my referral to be discussed with and requested from any relevant third party.

<b>Signed:</b>	<b>Print Name:</b>
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### Agency Referrals and referrals taken by telephone/in person by CAP:

Referral Agency	Contact Name	Telephone & E-mail	Support Provided
How long have you worked with the applicant?			

I confirm that the person being referred is aware of and gives consent for the referral being made. I agree that the information I have provided is accurate and can be sent on to appropriate support providers. I have explained to the applicant that information related to the referral may be discussed with and requested from any relevant third party.

<b>Signed:</b>	<b>Print Name:</b>
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### INFORMATION ABOUT SERVICES:

<b>Ashfield Homeless Prevention Service</b>	A housing related support service for people aged 16+ in the Ashfield area.
<b>Mansfield Homeless Prevention Service</b>	A housing related support service for people aged 16+ in the Mansfield area.
<b>Bassetlaw Homeless Prevention Service</b>	A housing related support service for people aged 16+ in the Bassetlaw area.
<b>South Nott's Homeless Prevention Service</b>	A housing related support service for people aged 16+ in the boroughs of Rushcliffe, Broxtowe and Gedling areas.
<b>Newark Homeless Prevention Service</b>	A housing related support service for people aged 16+ in the Newark & Sherwood area.

## EQUALITY & DIVERSITY MONITORING

This information is voluntary and will be handled confidentially and separately from your referral. Our Partnership celebrates diversity and promotes a culture where differences between people are respected and valued. To help us do this effectively, please provide the information requested below in relation to the applicant.

<b>GENDER:</b>			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Decline to answer <input type="checkbox"/>
<b>AGE:</b>			
Under 18 <input type="checkbox"/>	18 – 24 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>
45 – 54 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>	65+ <input type="checkbox"/>	Decline to answer <input type="checkbox"/>
<b>SEXUAL ORIENTATION:</b>			
Straight/Heterosexual <input type="checkbox"/>	Gay Man <input type="checkbox"/>	Lesbian/Gay Woman <input type="checkbox"/>	Bi-Sexual <input type="checkbox"/>
Other <input type="checkbox"/>	Decline to answer <input type="checkbox"/>		
<b>ETHNIC ORIGIN:</b>			
<b>Asian/Asian British</b>		<b>Dual Heritage</b>	
Bangladeshi <input type="checkbox"/>	<input type="checkbox"/>	White and Asian <input type="checkbox"/>	<input type="checkbox"/>
Indian <input type="checkbox"/>	<input type="checkbox"/>	White and Black African <input type="checkbox"/>	<input type="checkbox"/>
Pakistani <input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Please specify:		Please specify:	
<b>Black/Black British</b>		<b>White</b>	
African <input type="checkbox"/>	<input type="checkbox"/>	British <input type="checkbox"/>	<input type="checkbox"/>
Caribbean <input type="checkbox"/>	<input type="checkbox"/>	Irish <input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Please specify:		Please specify:	
<b>Chinese/Other</b>		<b>Gypsy/Romany/Irish Traveller</b>	
Chinese <input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller <input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>		
Please specify:			
<b>Decline to answer</b>			
Decline to answer <input type="checkbox"/>	<input type="checkbox"/>		
<b>COUNTRY OF NATIONALITY:</b>			
UK National (resident in UK) <input type="checkbox"/>	<input type="checkbox"/>	UK National (returning from overseas) <input type="checkbox"/>	<input type="checkbox"/>
Czech Republic <input type="checkbox"/>	<input type="checkbox"/>	Estonia <input type="checkbox"/>	<input type="checkbox"/>
Hungary <input type="checkbox"/>	<input type="checkbox"/>	Latvia <input type="checkbox"/>	<input type="checkbox"/>
Lithuania <input type="checkbox"/>	<input type="checkbox"/>	Poland <input type="checkbox"/>	<input type="checkbox"/>
Slovakia <input type="checkbox"/>	<input type="checkbox"/>	Bulgaria <input type="checkbox"/>	<input type="checkbox"/>
Romania <input type="checkbox"/>	<input type="checkbox"/>	Other European Economic Area* <input type="checkbox"/>	<input type="checkbox"/>
Any other nationality <input type="checkbox"/>	<input type="checkbox"/>	Decline to answer <input type="checkbox"/>	<input type="checkbox"/>
*Other EEA countries: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal, Spain, Sweden, Iceland, Liechtenstein, Norway & Switzerland			
<b>RELIGION/ BELIEF:</b>			
None <input type="checkbox"/>	<input type="checkbox"/>	Christian (all denominations) <input type="checkbox"/>	<input type="checkbox"/>
Buddhist <input type="checkbox"/>	<input type="checkbox"/>	Hindu <input type="checkbox"/>	<input type="checkbox"/>
Jewish <input type="checkbox"/>	<input type="checkbox"/>	Muslim <input type="checkbox"/>	<input type="checkbox"/>
Sikh <input type="checkbox"/>	<input type="checkbox"/>	Not known <input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	Decline to answer <input type="checkbox"/>	<input type="checkbox"/>
<b>DISABILITY:</b>			
The Disability Discrimination Act (1995) describes a disability as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities”.			
Would you consider yourself disabled under this definition? Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer <input type="checkbox"/>			
Please specify:			