

# Alpha Supported Housing Referral Form



**All sections of this form must be completed. If for any reason a section cannot be filled out, please state why. Blank sections will not be accepted.**

## **Referral Agency Details**

<b>Name of Agency</b>	
<b>Referral Agency Contact</b>	
<b>Reason for referral</b>	
<b>Date</b>	

## **Applicant's Details**

<b>Name of Applicant</b>	
<b>Gender</b>	
<b>Contact Number</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Ethnic Origin</b>	
<b>Is the individual in receipt of benefits?</b>	

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## Next of Kin's Details

<b>Full Name</b>	
<b>Relationship to Applicant</b>	
<b>Contact Number</b>	
<b>Address</b>	

## Previous Address History

<b>Full Address</b>	<b>Duration of Residence</b>	<b>Reason for Leaving</b>

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## Medical History

<b>Social Worker/Probation Officer's Details (or any other relevant professional)</b>	
<b>GP's Name and Address</b>	
<b>GP's Contact Number</b>	
<b>Mental health history</b>	
<b>Physical health history</b>	
<b>Is the applicant current taking any medication/treatment?</b>	
<b>Any other relevant information</b>	

## Support Needs

<b>Please provide details of the type and level of support required</b>

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## Risk Assessment

Does the applicant have any history of the following	Low/Medium/High	Details
Aggressive behavior		
Self-harm/Suicide		
Drug or Alcohol misuse		
Child protection issues		
Sexual Offences		
Forensic background		
Self-neglect/Neglect of others		
Antisocial behavior		
Damage to property		
Neighborhood problems		
Is the applicant at risk of harm from others? If yes please state by whom and provide details		
Any other information		

**Please complete form and email it to the address below:**

Alpha Supported Housing Referral Team

Alpha Supported Housing

T: 03300552679

E: [referrals@alphasupportedhousing.org.uk](mailto:referrals@alphasupportedhousing.org.uk)