

**HELP WHEN YOU NEED IT REFERRAL FORM**

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| --- |
| **Please Note:**   * For self-referrals please do not complete Part 1; go straight to Part 2. * This form should be completed with full involvement from the applicant. Unless Second Step require any clarification or further information, initial contact after referral will be directly with the applicant. * Please note that we are unable to accept referrals which do not have all fields marked \* completed. * Once completed, please return this from to [tier2@second-step.co.uk](mailto:tier2@second-step.co.uk) or post to **Second Step, Help When You Need It Team, 9 Brunswick Square, Bristol, BS2 8PE.** |

**PART 1: Information about referring agency (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Job Title |  |
| Contact number |  | Relationship to applicant |  |
| Email address |  | | |
| Organisation name and address |  | | |
| Do you consider this referral to be a priority? | |  | |
| If yes, why? |  | | |
| Preferred/recommended worker  *(e.g., male/female only)* | |  | |
| Nature and frequency of contact if referral is accepted | |  | |
| Signature of referrer |  | Date of referral |  |

**PART 2: About you (the Applicant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title \* |  | Full name \* |  | |
| Other names |  | Preferred name \* |  | |
| Current address \* |  | National insurance no. |  | |
| NHS no. |  | |
| Date of birth \* |  | | | |
| Contact number \* |  | Email address |  | |
| Emergency contact name, number, relation \* | |  | | |
| GP details | |  | | |
| Is there anything we need to know when contacting you? Please give details *(e.g., hearing issues, mobility problems, prefer phone/text/email only etc.)* | |  | | |
| Do you have access to a smartphone / the internet / laptop / tablet? | |  | | |
| *If yes, are you able to use them?* | |  | | |
| What types of support would you be open to? | | Face to face | |  |
| Zoom / Online | |  |
| Telephone | |  |
| Email / Text | |  |
| Groups | |  |
| Other | |  |
| How did you hear about our service? | |  | | | |  |

**Equalities Information**

*We collect this information to ensure we are supporting you in a holistic way. If you do not wish to answer, please indicate this rather than leaving blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current age \* | Ethnicity \* | | | Religion \* |
| Gender Identity \* | Sexuality\* *(e.g., heterosexual)* | | | Relationship status \* |
| Primary language \* | | Other languages \* | | |
| Do you need an interpreter, sign language, braille, large print? \* | | | | |
| Is anyone in your household pregnant? \* | | | If yes, when is the due date? | |
| Do you consider yourself to have a disability? \* If yes, please give more information: | | | | |

**Children and any other people living with you who are part of your household**

*(Add more rows if needed / Mark an asterisk (\*) next to the name of any person who is pregnant)*

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP | DOB |
|  |  |  |
|  |  |  |

**PART 3: More about you**

1. **Mental Health**

*We work with people who are experiencing mental health difficulties. Please give us some information about your experiences to help us understand how we can support you.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tell us about your mental health difficulties \* |  | | | | |
| Do you have a formal diagnosis? \* | **YES / NO** | | If yes, what is this diagnosis? \* | |  |
| Are you engaged with any **mental health** services? \* (e.g., AWP, Mind, counselling or therapy, psychiatrist) |  | | Name and details of any services / workers \* | |  |
| How does your mental health affect your day-to-day life? \* |  | | | | |
| Are you prescribed any medication? \*  *(add more rows below if needed)* | **YES / NO** | | Do you take this regularly? | |  |
| Name | | Dosage | | Frequency | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |

1. **Housing**

|  |  |  |
| --- | --- | --- |
| What type of accommodation do you live in? \* | X | Additional information *(e.g., landlord details)* |
| Council tenancy |  |  |
| Housing Association tenancy |  |  |
| Private rented |  |  |
| Sheltered housing |  |  |
| Supported Accommodation / Hostel |  |  |
| Temporary or Emergency accommodation |  |  |
| Owner occupier |  |  |
| Friends / Family |  |  |
| Hospital |  |  |
| Other (please state) |  |  |

|  |  |
| --- | --- |
| Are you at risk of losing your accommodation? \* | Yes / No / Don’t Know |
| *If yes, please provide more details including:*   * *Date you must leave the property* * *Have you received a letter?* * *Have you received a court date?* * *Have you been in court previously about this? When? What happened?* |  |
| Do you have a live **Home Choice** application? \* | Yes / No / Don’t Know |
| *What support would you like with this?* |  |
| Are you on **HomeSwappe**r? \* | Yes / No / Don’t Know |
| *What support would you like with this?* |  |
| Are you looking to move to new accommodation? | Yes / No / Don’t Know |
| *If yes, why, and where are you looking to live?* |  |

1. **Employment, Volunteering, Education, Training**

|  |  |
| --- | --- |
| Are you currently doing any paid or voluntary work? \* | Yes / No |
| *If yes, please provide more details including:*   * *Where do you work?* * *What do you do?* * *How many hours / weeks do you work?* |  |
| *If no, would you like support with this?*  *What would you like us to help with?* |  |
| Are you currently in any education or training? \* | Yes / No |
| *If yes, please provide more details including:*   * *Where do you study?* * *What do you study?* * *How many hours /* *week do you study?* |  |
| *If no, would you like support with this?*  *What would you like us to help with?* |  |

1. **Support Networks**

Please tell us about anyone who supports you and how they help you *(e.g., family, friends, neighbour)*

*(Add more lines if needed)*

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP TO YOU | HOW THEY HELP YOU |
|  |  |  |
|  |  |  |
|  |  |  |

**PART 4: Your Support Needs & Strengths**

1. **Support Needs** \*

Please put a cross next to all that apply to you

|  |  |  |
| --- | --- | --- |
| Area of support | X | Please describe current issues,  and how you need support in this area |
| Accessing mental health services to stay well |  |  |
| Accessing other health services to stay well |  |  |
| Feeling unsafe in my own home |  |  |
| Completing a budget plan to understand my finances |  |  |
| Finding work, education, or training |  |  |
| Learning skills to cook, clean or shop |  |  |
| Feeling connected to my community |  |  |
| Moving to and sustaining a new tenancy |  |  |
| Managing my current tenancy |  |  |
| Staying in contact with support network, family, or friends |  |  |
| Managing my money/benefits to pay my bills or rent |  |  |
| Writing letters, filling in forms and opening mail |  |  |
| Other |  |  |

1. **Have you ever experienced any difficulties related to any of the following?** \*

Please put a cross (x) next to all that apply to you

|  |  |  |  |
| --- | --- | --- | --- |
|  | PAST | PRESENT | Please provide any further information here, including information about any other services that have supported you e.g., BDP, social services etc. |
| Care leaver |  |  |  |
| Drug or alcohol use |  |  |  |
| Domestic violence/abuse |  |  |  |
| Living with a learning disability |  |  |  |
| Living with ADHD |  |  |  |
| Living with chronic eczema |  |  |  |
| Living with long-term chronic ill health |  |  |  |
| Living with physical/sensory disability |  |  |  |
| Offending |  |  |  |
| Refugee/Asylum seeker |  |  |  |
| Rough Sleeper/Homelessness |  |  |  |

1. **Further information about your support needs, strengths, and assets**

*If someone is helping you to complete this application, we want their views as well*

|  |
| --- |
| *Table will expand as you type* |
| *Have there been any key things that have happened to you in your life that might help us understand how things are for you?* |

|  |
| --- |
| *Table will expand as you type* |
| *What are your strengths and assets? How do you manage day-to-day? What skills do you draw on? What resources do you have? What matters to you most? When you are distressed, what type of support from others is useful? What time of support is unhelpful*? |

**PART 5: Risk information** \*

We may not be able to proceed with your referral if the relevant risk information has not been provided. This section does not need completing if referral agent is providing own risk assessment.

So that we can carry out an assessment of your needs and support you and others safely, please indicate if any of the below apply to you, including details where a risk has been identified.

|  |  |  |
| --- | --- | --- |
| RISK AREA | Highlight relevant | FURTHER DETAILS*:* *impact on those affected, triggers, early warning signs, consequences of the risk, description of the behaviour, factors involved e.g., substance misuse, mental health, other relevant information* |
| Abuse/harassment from others | **Yes / No / Don’t know** |  |
| Accidental harm/self-neglect | **Yes / No / Don’t know** |  |
| Alcohol or drug use | **Yes / No / Don’t know** |  |
| Exploitation of others | **Yes / No / Don’t know** |  |
| Fragility/falls | **Yes / No / Don’t know** |  |
| Gambling | **Yes / No / Don’t know** |  |
| History of starting fires | **Yes / No / Don’t know** |  |
| Hospitalisation | **Yes / No / Don’t know** |  |
| Infestations/pests | **Yes / No / Don’t know** |  |
| Known risk to children | **Yes / No / Don’t know** |  |
| Medication compliance | **Yes / No / Don’t know** |  |
| Potential/actual violence | **Yes / No / Don’t know** |  |
| Property damage | **Yes / No / Don’t know** |  |
| Risk of being exploited | **Yes / No / Don’t know** |  |
| Risk of financial exploitation | **Yes / No / Don’t know** |  |
| Risk to staff working alone | **Yes / No / Don’t know** |  |
| Self-harm or suicide | **Yes / No / Don’t know** |  |
| Self-care/hygiene | **Yes / No / Don’t know** |  |
| Sexual offending | **Yes / No / Don’t know** |  |
| Anything else – please detail | **Yes / No / Don’t know** |  |

**PART 6: Disclosure of Information Agreement/Declaration**

*\* If you do not feel you fully understand any of the below statements, please seek support from the person helping you to complete this form before signing or call the Help When You Need it team for support.*

The personal information that you provide in this form will be kept confidential within Second Step / the Help When You Need It team. We are not able to keep information between you and your Recovery Coach private. This is to ensure that you receive the same service regardless of who is on duty and to help us keep the service safe for our staff and clients.

Information you share with us will only be passed on to other agencies/individuals with your consent. **However,** there are some exceptions when we can share information without your consent:

* If we feel that there is a risk of harm to yourself or others.
* If we are made aware of any offences under the misuse of drugs act, or any anti-social behaviour relating to previous or current supported or general needs housing or any acts or threats of violence relating to previous or current supported or general needs housing.
* If we are made aware of any offences under the ‘Child Protection Act 1989’ and/or the ‘Children Act 1989’.
* I agree that Second Step staff may share information I have provided with other agencies I currently access or may access in the future. These may include supported or general needs housing providers, Social Services, Benefits & Employment Agencies, other support providers etc.
* I authorise any party/organisation/agency to give such information that the Second Step team may require to assist me with my support needs, including information or help, under the General Data Protection Regulation.
* I understand that completion of this form does not guarantee access to Second Step support.
* I confirm that the information contained in this application form is true to the best of my knowledge. I understand that if I have intentionally falsified any information within this form it could lead to the loss of an offer of support or could cause support I am already receiving to end.

**CONFIRMATION**

*By signing below, I confirm that I have read and understood the above agreement*

|  |  |
| --- | --- |
| Signature \* |  |
| Print name \* |  |
| Witnessed by |  |
| Date \* |  |

**PART 7: Next Steps**

This form will be reviewed by the team to see if we are able to support you with your needs. If eligible for our support, and if we have a vacancy in the service, you will be assigned a Recovery Coach who will contact you to arrange a first check-in meeting. Otherwise, you will be asked if you wish to be added to a waiting list for support.

If we are not able to offer you support, we will work with you connect you with the right organisation as per our *‘No Wrong Door’* commitment. The *‘No Wrong Door’* principle means that you will be re-directed to the services that will best provide you with **Help When You Need It.**