SUPPORTED ACCOMMODATION REFERRAL FORM

Consent to Share Information and Make Enquiries

The Applicant hereby provides informed consent for the Supported Living Provider to request, receive, record, and share information relating to their personal circumstances, health, risk factors, offending history, welfare entitlements, and support needs. This consent includes authorising Estelleoige Solutions Ltd to make enquiries with any agency or professional body involved in the Applicant's support, supervision, or statutory oversight, including but not limited to health services, social care, probation, police, housing authorities, local authorities, and voluntary sector support organisations.

Information may be shared only where necessary for the purposes of:

1. assessing suitability for accommodation and support;
2. safeguarding the Applicant and others;
3. managing risk within the service;
4. fulfilling statutory duties;
5. coordinating multi-agency support; and
6. ensuring compliance with legal, regulatory, or contractual obligations.

All information will be handled in accordance with the Data Protection Act 2018, the UK GDPR, and relevant safeguarding legislation. The Provider will ensure that information is processed lawfully, fairly, and transparently, and will not disclose confidential information unless there is a legal basis or overriding safeguarding requirement to do so.

By granting this permission, the Applicant acknowledges that:

1. they understand the nature and purpose of information sharing;
2. they consent to the Provider contacting external agencies to verify or obtain information relevant to their support;
3. they understand that refusal to provide consent may affect the Provider's ability to offer accommodation or support safely.

This consent may be withdrawn at any time, unless information sharing is required by law or necessary to protect the Applicant or others from harm.

Applicant Confirmation:

☐ I understand the purpose of information sharing.

☐ I consent to the Provider making enquiries and sharing information with relevant agencies.

☐ I confirm that the information provided in this referral is accurate.

Signature: _____

Print Name: _____

Date: _____

If applicant is unable to sign, please state reason:

Please be advised that Estelleoige Solutions Ltd may be unable to progress this application further if any required information is incomplete or omitted. By submitting this form via email, the referring officer confirms that they hold the Applicant's written consent, as outlined above, on file and available for inspection if required.

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1. APPLICANT INFORMATION

PERSONAL DETAILS	
Full Name:	
Date of Birth:	
Age:	
Gender:	☐ Male ☐ Female ☐ Others
National Insurance Number	
Current Address & Postcode	
Telephone Number	
Nationality	
Spoken Language	
Language Barriers If yes, please specify:	☐ Yes ☐ No
Marital Status:	
Date Accommodation Required	

2. HEALTH INFORMATION

A. MENTAL HEALTH		
Diagnosed mental health/neurodiverse conditions? Give details:	Yes ☐	No ☐
History of self-harm or suicidal ideation? Give details:	Yes ☐	No ☐
Current feelings of self-harm/suicidal ideation? Last episode:	Yes ☐	No ☐
Medication prescribed?	Yes ☐	No ☐
CPN involvement?	Yes ☐	No ☐
B. PHYSICAL HEALTH / DISABILITY		

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Physical health conditions/disabilities?	Yes ☐ No ☐
Give details:	
Impact on daily living:	
Medication prescribed?	Yes ☐ No ☐
Full capacity to consent? ☐ Yes ☐ No	

C. ADDICTIONS

ALCOHOL

History of alcohol misuse?	Yes ☐ No ☐
Duration:	
Currently drinking?	Yes ☐ No ☐
Quantity/ Abstinence period:	
Withdrawal medication?	Yes ☐ No ☐
Engaged with support services?	Yes ☐ No ☐

DRUGS

History of drug misuse? ☐ Yes ☐ No
Duration:
Currently using? ☐ Yes ☐ No
Substance & method:
Withdrawal medication? ☐ Yes ☐ No
Engaged with DIP? ☐ Yes ☐ No

OTHER ADDICTIONS

Details:

D. PRESCRIBED MEDICATION

Medication	Dose	No of Doses	Reason	Managed By	Active Problem? (Y/N)

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3. RISK PROFILE

A. OFFENDING HISTORY		
Current offence:		
Sentence:		
Start date:	End date:	
HDC Eligibility Date:		
Court Orders / Supervisions:	Yes ☐	No ☐
Start date:	*End date:*	
Post Sentence Supervision:	Yes ☐	No ☐
Start date:	*End date:*	
Pending Court Cases:	Yes ☐	No ☐
Give details:		

B. OFFENCE CATEGORIES (Tick as appropriate)		
Assault ☐	Arson ☐	Burglary ☐

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Criminal Damage ☐	Drug Offences ☐	Domestic Abuse ☐
Fraud ☐	Robbery ☐	Sexual Offences (Under 16) ☐
Sexual Offences (Over 16)	Theft ☐	Vehicle Crime ☐
Weapons Offences ☐	Other offences:	

C. RISK INDICATORS

Risk Type	High	Medium	Low	N/A
To themselves	☐	☐	☐	☐
To the public	☐	☐	☐	☐
To staff	☐	☐	☐	☐
To other residents	☐	☐	☐	☐
To know individuals	☐	☐	☐	☐
From others	☐	☐	☐	☐
Risk to children	☐	☐	☐	☐
Risk of re-offending	☐	☐	☐	☐

D. ADDITIONAL RISK DETAILS

Who is at risk:
Nature of risk:
When risk is greatest:
Circumstances increasing risk:
Factors reducing risk:
Precautions for assessment:

E. SAFEGUARDING FLAGS

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Registered Sex Offender:	Yes ☐	No ☐
Section 117:	Yes ☐	No ☐
Safeguarding Children:	Yes ☐	No ☐
Safeguarding Adults:	Yes ☐	No ☐
PPO:	Yes ☐	No ☐
MAPPA:	Yes ☐	No ☐
If yes, level: 1 ☐ 2 ☐ 3 ☐		

4. BENEFITS STATUS

Benefit	Applied	Date	Awarded	Amount	Frequency
Universal Credit					
ESA					
Income Support					
PIP					
DLA (Care)					
DLA (Mobility)					
Attendance Allowance					
Carers Allowance					
Other Income					
Entitled to Housing Benefit?			Yes ☐	No ☐	
Last claimed at (address & dates):					
Would you like benefits advice?			Yes ☐	No ☐	

5. SUPPORT NEEDS

Support Area	Details
Mental Health	
Physical Health	

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Drug Misuse	
Alcohol Misuse	
Learning Difficulties	
Finances / Budgeting	
Attitude & Behaviour	
Family / Relationships	
Key Appointments	
GP Registration	
Education / Training / Employment	
Risk Management	
Others:	

6. Demographic Information

A. Ethnicity Please tick one:			
White British ☐	White Irish ☐	Other White ☐	
Mixed White & Black Caribbean ☐	Mixed White & Black African ☐	Mixed White & Asian ☐	Other Mixed ☐
Indian ☐	Pakistani ☐	Bangladeshi ☐	Other Asian ☐
Black ☐	Black African ☐	Caribbean ☐	Other Black ☐
Chinese ☐	Other Ethnic Group ☐		
Not Disclosed ☐	Not Asked ☐		

B. Religious Belief					
Christian ☐	Muslim ☐	Hindu ☐	Sikh ☐	Other ☐	None ☐

C. Sexual Orientation				
Lesbian ☐	Gay ☐	Bisexual ☐	Heterosexual ☐	Prefer not to say ☐

D. Dependants

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Do you have children?	Yes ☐	No ☐
If yes, number of children:	Boys _____	Girls _____
Are you in contact with them or will they visit?	Yes ☐	No ☐
Names, ages & gender:		
Social Services Involvement ☐ Yes ☐ No		
If yes, please provide details:		

7. ADDITIONAL INFORMATION

Please include any further information relevant to the applicant's needs or risks:

8. PLACEMENT PREFERENCES

Preferred Area(s):	Wolverhampton ☐	Sandwell ☐	Dudley ☐
Accommodation Type:	Shared Supported Accommodation ☐	Single Supported Accommodation ☐	Couple Supported Accommodation ☐
Custody Discharge Grant Eligibility:		Yes ☐	No ☐
Invoice Contact (if applicable):			

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9. REFERRER INFORMATION		
Referrer Name:		
Organisation:		
Address:		
Telephone:		
Email:		
Is form completed on behalf of applicant?	Yes ☐	No ☐
Applicant informed of referral and support available?	Yes ☐	No ☐
Signature / Name:		
Date:		

Submission Instruction:
Once completed, this referral form should be sent to referral@estelleoigesolutions.co.uk. Please ensure all sections are fully completed before submission.

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