

**To be completed
by the client,
carer or agency.**



**Kirklees Better
Outcomes Partnership**

Further information about our support services can be found at www.kbop.org

Date of Referral:

Client Approval

Is the person you are referring in agreement with this application? Yes No
Important Please read out the attached client declaration and consent question's (at bottom of form) to the client prior to making referral Yes No

Section 1 – Applicant Details

Full Name		Gender	
NI Number			
Date of Birth		Age	
Phone Number/s (Is it safe to call and leave a message?)			
Email Address			
Language(s) Spoken & Written			
Are there any communicative needs? (e.g. translator or sign language required) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Address / Postal address if no fixed address Include Postcode	Landlord - Please mark with a cross "x" as appropriate		
	Local Authority		
	Registered Social Landlord (Please provide landlord details)		
	Temporary Accommodation		
	Private Landlord (Please provide landlord details)		
	Living with Family/Friends		
	No Fixed Address: rough sleeping / sofa surfing		
	Owner Occupier		
	Other:		
Other family at the address	No. of dependants:		
	Provide further information on client's children	Name of Child	Date of Birth

Section 2 – Support Needs

- Is applicant a rough sleeper? Yes No
- Has the applicant been assessed by the homelessness prevention unit? Yes No
- Has client been served eviction notice which will take effect within 56 days? Yes No
- Has applicant been recently released from prison? Yes No
- Is the applicant currently in custody? Yes No
- Is the client at risk of offending? Yes No
- Does the applicant have a current drug or substance misuse problem? Yes No
- Does the applicant have a current alcohol problem? Yes No
- Is the applicant currently engaged with any recognised mental health services? Yes No
- Is the client currently engaged with any drug or alcohol services? Yes No
- Is the applicant a refugee? Yes No
- Is the client at risk or a victim of domestic violence? Yes No
- Is the client at risk of becoming a victim of domestic violence? Yes No
- Is target hardening required for this case? Yes No
- Does the client exhibit challenging behaviour? Yes No
- Does the client have any physical/sensory health problems? Yes No
- Does the Client have a mental health need? Yes No
- Is the client suffering from isolation and in need of social engagement support Yes No
- Does the client have a long-term physical health condition? Yes No
- Has the client been identified with a learning disability? Yes No
- Has the client been identified as having a learning difficulty? Yes No
- Does the client need to comply with a statutory order? Yes No
- Does the client require support with financial management Yes No

Section 3 – Commentary on Support Needs

This section of the form seeks to identify an individual need for the various services available under Kirklees Better Outcomes Partnership. The information obtained will enable us to ascertain the applicant's eligibility on to program and determine the most appropriate provider to deliver the service

Please mark with a cross "x" as appropriate the specific support needed:

Accommodation:

Eg; access to housing, homelessness prevention, rent arrears, outstanding eviction, managing a tenancy, tenancy sustainment, independent living skills.

Please add any information that might be relevant: -

Money:

Eg; assistance with welfare benefits / sanctions, budgeting, managing debts, maximising income.

Please add any information that might be relevant: -

Health and wellbeing:

Eg; physical health, mental health and wellbeing.

Please add any information that might be relevant: -

Substance misuse:

Eg; drug, alcohol misuse.

Please add any information that might be relevant: -

Offending:

Eg; compliance with statutory orders, managing risk to others


<u>Please add any information that might be relevant: -</u>	
	Domestic abuse: Eg; personal safety, family, parenting, safeguarding
<u>Please add any information that might be relevant: -</u>	
	Work and learning: Eg; employment, training, education and volunteering.
<u>Please add any information that might be relevant: -</u>	
	Self care and harmful behaviour: Eg; self harm, ASB, hoarding, safeguarding / protection from abuse.
<u>Please add any information that might be relevant: -</u>	
	Empowerment and support networks: Eg; community, other agency, relationships, parenting and caring, motivation and personal responsibility, self esteem.
<u>Please add any information that might be relevant: -</u>	
	Legal issues: Eg; recourse to public funds, immigration status, access to criminal / civil justice.
<u>Please add any information that might be relevant: -</u>	

Any additional information

Section 4 – Involved Professionals, current or previous (where applicable)			
<i>Please give details of all other professionals, agencies and carers who are involved in supporting the applicant (use separate sheet if needed). This may include, for example, Welfare Rights Services, Drug Workers, CPNs, Doctors, Psychiatrists, Social Workers.</i>			
Name:		Name:	
Agency:		Agency:	
Address incl postcode:		Address incl postcode:	
Telephone:		Telephone:	
Email:		Email:	
Nature of Support/Care Provided:		Nature of Support/Care Provided:	

Section 5 – Hazards and Risks	
<p><i>Please mark with a cross “x” any of the following which you think we should consider when working with this applicant.</i></p> <p><i>We will contact you for further information if required, please provide your contact details in the final section</i></p>	<p><i>If accepted, the applicant may be provided with a floating support based service involving LONE WORKERS visiting him/her regularly at home or in public places. Do you consider that any additional precautions need to be taken when working with this applicant in these circumstances?</i></p>

	Risk to Self	Risk to Others	Risk to Staff	
Violence, harassment, abuse				
Domestic/ sexual abuse				
Alcohol/ Drug use				
Arson/ Fire				

Section 6 – A referrer signature is required			
Referrer Details (where applicable)			
Subject to the client's consent would you like to be invited to the assessment?			Yes / No
Name:		Telephone Number:	
Position:		Fax Number:	
Organisation:		Email Address:	
Address:		Referrer's Signature: 	
Postcode:			
Length of time you have known the client :		Date:	

Completed referral forms can be
Emailed to: hello@kbop.org

Consent and Client Declaration Information – KBOP

Please read out in full to the applicant

To be able to process your referral, we need to record, store and process details about your needs, housing and support. This may contain your personal data, and includes "special category data" such as information about your health, ethnicity, religion etc.

We ask for this information so that we can make a decision about whether our service is the best one for you, or whether there is a more suitable service elsewhere. We also use the special category data for monitoring purposes, to make sure our services are fair and easy to access, and to meet funding requirements. We will record your personal data on our secure electronic system and also on paper.

You don't have to answer any question that you do not want to, and you should let us know if you don't want to give us some of the information we ask for. However, this may affect our ability to provide you with an appropriate service.

We may contact other professionals and agencies who have knowledge of you currently or in the past (e.g. Health / Housing Professionals, Police, Probation). This is so we can get additional information about your needs, and so we are aware of any risks (e.g. Police check, landlord reference).

Further information can be found in our Client Privacy Notice, which is available on request or can be downloaded from our website

Declaration - Please ask the client to confirm the following;

You authorise Kirklees Better Outcomes Partnership to process your personal information for the reasons explained

You confirm that the information you provide will be correct and true to the best of your knowledge

You understand that your information may be shared with other agencies / professionals as previously explained

You acknowledge that you have been made aware of the Client Privacy Notice, which explains how your personal details will be managed

Consent questions

- Consent to hold uploaded files and process your data
- Consent to include data in reporting
- Consent to include data on secure test systems
- Consent to share data with regulatory bodies - (i.e organisations in KBOP)
- Consent to share data with essential partners - (i.e WYP, social care)