

PHOENIX HOUSE (HILL TOP) LIMITED

16 TROTTERS LANE, HILLTOP, WEST BROMWICH, WEST MIDLANDS, B71 2QF
TEL NO: 0121 525 5777 FAX NO: 0121 532 7819

SERVICE USER REFERENCE NUMBER:

REFERRAL FORM

CONFIDENTIAL

Please complete this form using black ball point pen and use CAPITAL LETTERS in the spaces provided. Thank you.

Data Protection Act 1998

All personal data is collected and processed in compliance with the principles of the Data Protection Act.
The information will be used to assist in providing support and may be shared with agencies involved in this process.

Please note that the information given on this form should be true and accurate. Any information given which is proven to be false or misleading, may result in immediate termination of your tenancy.

ELIGIBILITY CRITERIA: Service users are eligible for the service if they have a mental health issue and are eligible for Housing Benefit. An offer of accommodation and support is dependent on the results of a Risk Assessment conducted by our support staff. We aim to deliver the necessary support package for the service user to meet their individual goals and aspirations. We also operate a waiting list.

SERVICE USER DETAILS

NAME: _____

NATIONAL INSURANCE NUMBER: _____

D . O . B: _____ AGE: _____

GENDER: _____ ETHNICITY: _____

PREFERRED LANGUAGE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

Please give your previous address if you have lived at your current address for less than two years.

PREVIOUS ADDRESS: _____

SERVICE USER REFERENCE NUMBER:

POINTS OF CONTACT

Next of kin:

NAME: _____

RELATIONSHIP TO SERVICE USER: _____

ADDRESS: _____

TEL.: _____

General Practitioner :

NAME: _____

ADDRESS: _____

TEL.: _____

Community Psychiatric Nurse:

NAME: _____

ADDRESS: _____

TEL.: _____

Consultant Psychiatrist:

NAME: _____

ADDRESS: _____

TEL.: _____

Social Worker / Keyworker

NAME: _____

ADDRESS: _____

TEL.: _____

SERVICE USER REFERENCE NUMBER:

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CURRENT CIRCUMSTANCES

DIAGNOSED ILLNESS: _____

PRESCRIBED MEDICATIONS: ****PLEASE PROVIDE A CURRENT MEDICATION LIST INDICATING DOSAGES**

DATE OF LAST MEDICATION REVIEW: _____

ANY OTHER DISABILITIES? _____

Please tick the appropriate box:

	YES	NO
Are you currently in receipt of Housing Benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any rent arrears?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to sign a Tenancy Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require support to maintain a Tenancy?	<input type="checkbox"/>	<input type="checkbox"/>
Were you evicted from your last accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived in supported accommodation in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive disability living allowance, incapacity benefit, or income support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive support from the appointeeship unit to help you to manage your finances?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a social worker / CPN?	<input type="checkbox"/>	<input type="checkbox"/>
Do you attend outpatients appointment at a Mental Health Hospital/Clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been arrested or convicted for any offences in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to seek and accept support from relevant services for any addiction issues?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to actively contribute, and work towards a Support Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to sign a contract for support?	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF SERVICE USER: _____

DATE: _____

SIGNATURE OF KEY WORKER/SOCIAL WORKER/CPN: _____

DATE: _____

PLEASE NOTE: THE SOCIAL WORKER/KEY WORKER/CPN NEED TO COMPLETE AND ATTACH A COPY OF A CURRENT CARE PLAN/ OR COMMUNITY PROGRAMME APPROACH AND A RISK ASSESSMENT FOR SUBMISSION WITH THIS FORM. YOU WILL BE NOTIFIED WITHIN 7 WORKING DAYS, EITHER BY TELEPHONE OR POST, OF THE PROGRESS OF THIS REFERRAL.

Please also complete the authorisation form overleaf. Thank you for completing this form.

The Company promotes equal opportunities.
It is our policy that there should be equal opportunity for and no discrimination against current or prospective service users on

SERVICE USER REFERENCE NUMBER:

AUTHORISATION FORM

In order to offer you an effective service we may need to contact a number of different agencies that you have had contact with in the past. We may also need to contact different services whom you may have made contact with in order to facilitate a smooth transition from another service to Phoenix House. In order to do this we need your permission to request information which may be of help from these agencies and to enquire about their involvement with you. This will assist us in providing a support package appropriate for your needs.

We will be contacting the following organisations concerning you:

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I give permission for staff at Phoenix House to liaise with the above stated organisations and to discuss any relevant issues whilst I am in contact with them. This will be discussed and revised regularly in accordance with my support plan.

Service Users' Signature:

Date:

Social Worker's, CPN/Advocate's Signature:

Date:

Phoenix House Staff:

Job Title:

Date:

SERVICE USER REFERENCE NUMBER:

EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its equal opportunities statement, the Company will provide equal opportunities to all current and prospective service users and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

In order to enable the Company ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your reference number so that monitoring can take place both at the application stage and at the offer stage. Once an offer has been made, the data given on this form will be stored on computer in an anonymised format.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Thank you for your assistance in completing this form.

SERVICE USER REFERENCE NUMBER:	
Gender:	Male
	Female
	Prefer not to say
Marital status:	Married
	Single
	Other (please specify)
	Prefer not to say
Age band:	Under 18
	18 – 29
	30 – 39
	40 – 49
	50 – 59
	60 – 65
	Over 65
	Prefer not to say
Sexual orientation:	Heterosexual
	Homosexual
	Bisexual
	Transsexual
	Prefer not to say
Disabilities :	None
	Physical disability
	Mental disability
	Prefer not to say

SERVICE USER REFERENCE NUMBER:**EQUAL OPPORTUNITIES MONITORING FORM**

Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)
	Mixed	White and Black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani
		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
Chinese		
Other ethnic group (please specify)		
Prefer not to say		
Religion:	Christian	
	Catholic	
	Jewish	
	Sikh	
	Muslim	
	Hindu	
	Buddhist	
	Rastafarian	
	None	
	Other religion (please specify)	
	Prefer not to say	

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

ELIGIBILITY POLICY

Phoenix House supported accommodation is primarily for service users with a mental health issues; but sometimes may have other complex issues such as drugs and alcohol abuse. Service users are eligible for the service if they have a mental health issue and are eligible for Housing Benefit.

Phoenix House is committed to ensuring fair access to all potential service users. Referrals are accepted from any individual who have experienced any kind of mental health problem, regardless of race, colour, gender, sexuality, or ethnicity. We also accept referrals from all our stakeholders.

Our priority is to ensure that people with a mental health issue have fair access to support services. We aim to achieve this through providing the service user, stakeholders, or carers with the necessary information that enables them to make an informed decision when choosing to live at Phoenix House. More specifically, this includes information on how to access the service, where information can be found, providing information in large text, Braille, and in other languages where necessary.

In providing the necessary information, we aim to minimise the bureaucracy that the service user has to deal with; but at the same time, provide the necessary information to protect the rights of the individual. We also provide information on the complaints procedure, and the appeals process. For further information, please refer to our service user handbook & complaints procedure and appeals procedure.

You may be refused a placement at Phoenix House for any of the following reasons:

- 1) if you are not eligible for housing benefit you may not be eligible for Supported accommodation.
- 2) if you do not have a mental health issue you are not eligible for Supported accommodation.
- 3) if you have a history of non-compliance with medication, or treatment, or support
- 4) if you have a history of violence towards staff or service users
- 5) if you have a history of arson
- 6) if you have a history of severe damage to property.

It is important to point out that by no way will you be judged purely on committing any of the above offences. An offer of support and accommodation is based on a Risk Assessment conducted by two members of our team, and other assessment tools and information such as a CPA and a TAG from social services.

We aim to deliver the necessary support package for the service user to meet their individual goals and aspirations. Phoenix House is committed to promoting inclusion and equal opportunities for all our service users, while valuing diversity and differences in culture. We also operate a waiting list.

All our policies and procedure and other documents are also available on request in different languages where appropriate.