

# Referral Form



Let's BeFriends is a befriending agency for those who are homeless, at risk of homelessness or recently rehoused after a period of homelessness. Our volunteer befrienders offer companionship and social assistance such as: going for a walk, introducing beneficiaries to local services or community cafes and support to make / attend appointments.

Let's BeFriends will keep the information you share with us safe according to General Data Protection Regulation.

## About the person being referred

<b>Name</b>	
<b>Title / pronouns</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Contact number</b>	
<b>Email address</b>	

## How the referred person meets our eligibility criteria

	Please tick relevant box and explain a little more i.e. when does eviction notice expire / are they sofa surfing / when were they rehoused?:
<b>At risk of homelessness (i.e., has been served with an eviction notice)</b>	
<b>Currently homeless (i.e., street homeless or sofa surfing)</b>	
<b>Recently rehoused (e.g., within past 12 months) after being homeless</b>	

<b>If homeless or at risk of homelessness have they notified the council?</b>	
<b>If "YES" - what date was the council notified:</b>	
<b>If "NO" - please urgently refer them for housing assistance using this link: <a href="https://www.hpa2.org">Housing Assistance Referral Portal (hpa2.org)</a> if possible send PDF of completed form with your referral. State date / form number:</b>	

**Next of kin / emergency contact for the person being referred**

<b>Name</b>	
<b>Address</b>	
<b>Contact number</b>	
<b>Relationship</b>	

<b>Does the person who is being referred understand what Let's BeFriends does and do they consent to the referral being made?</b>	
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**To be completed by the referrer (mark "Self" if self-referral)**

<b>Referring organisation</b>	
<b>I have known / worked with the individual since (date?)</b>	

<b>BENEFITS – why would the person being referred benefit from having a befriender from Let's BeFriends?</b>

<b>INTERESTS - hobbies, skills and experience – knowing this will help us to match to a befriender</b>

<b>HOUSING – provide a list of addresses / places where the individual has lived / stayed over the past five years and state type (i.e., private rented / sofa surfing / tent etc.) and reason for leaving (i.e. non-fault eviction / fleeing violence / rent arrears etc.)</b>	
<b>Who else is in the household? (detail name and date of birth of all adults / children who the referred person wants to live with and include details of any pets)</b>	
<b>Is the referred person registered with Ideal Choice Homes? If so, what is their Banding?</b>	
<b>Does the referred person have a local connection? (If yes - please detail how - e.g. through birth / work / length of time in the area / immediate relatives nearby?)</b>	<b>If needing to obtain suitable permanent accommodation - which areas is the person willing to live in? (Please also detail any areas which may pose a risk to live in)</b>

<b>Is the referred person pregnant?</b>	
If “yes” - when is the baby due	Date: <input type="text"/>

<b>Is the referred person a veteran?</b>	
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<b>FINANCES – please detail any benefits which the person receives (please also note any additional elements / how much / how often if known). Are you aware of any debts?</b>

**HEALTH – please detail any concerns about physical / mental health including substance misuse, disabilities or long-term health conditions. Please detail any support in place**

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**RISK AND VULNERABILITY ASSESSMENT – all risk assessment information is treated with extreme sensitivity. This section should be filled in with information based on:**

- Information provided by the individual
- The professional judgement of the referrer
- Observed behaviour
- Information from other services who have worked with the individual

**Do any of the following risks / vulnerabilities apply?**

	X or ✓ if YES		X or ✓ if YES
Dangerous Behaviour		Emotional/ Mental Health Problems	
Incidents of violence		Detained under Mental Health Act	
If yes, to whom?		Suicide attempts	
staff		Self-harm	
Other users		Dual diagnosis	
Friends / family		Bizarre behaviours	
Public		Anxiety / depression	
Type of risk posed		Severe & enduring Mental Health issues	
Emotional harm		Self-care/ Risk from others	
Minor injury		Incidents of serious self-neglect	
Serious injury		Incidents of being abused / exploited	
Death		Incidents of being harassed	
Incidents of abuse or harassment		Accidental harm (e.g., kitchen fires)	
Known danger to children		Persistent provocative behaviour	
Problems managing anger/ impulsivity		Tenancy Risks	
Sexual assault/ exposure		History of lost tenancies due to arrears	
Arson		History of tenancy related ASB orders	
Substance/ alcohol abuse		History of tenancies being hijacked	

**If you have said yes to any question, please describe behaviour/ incidents in detail below, including any work carried out / information you are aware of relating to risk e.g. who is at risk, where is the risk and factors which might inform a risk and vulnerability management plan (i.e. any action known to increase / decrease risk and vulnerability)**

Agency support – it would be helpful to know whether the individual being referred is known to other services and in what capacity – please include names / contact details		
Service type	Name of service(s)	Contact details (name of key worker - email, phone number and address)
Physical health – i.e., GP / chemotherapy / wound dress clinic		
Mental health – i.e., crisis team, Birchall Trust, CMHT etc.		
Social care – i.e., children, young people & adults		
Housing – i.e., LA housing team, Floating Support		
Drug & Alcohol – i.e., Inspire / The Well / Red Rose Recovery		
Criminal Justice System – i.e., police & probation		
Other (please specify)		

**EQUALITY AND DIVERSITY – *the Equality Act 2010 sets out the following protected characteristics - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.* We are a small organisation and therefore cannot guarantee any particular match, but we invite you to use this box to detail any concerns or preferences you would like the panel to consider when matching befrienders to beneficiaries. Please note that leaving this box blank will have no influence on ability to access our service:**

## Thank you

Let's BeFriends is grateful to you for taking the time and energy to complete this referral form on behalf of the individual being referred.

Completed by	
Contact number	
Email	

Beneficiary's signature (electronic ok)		Date	
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Please email your referral form to: [lbflancastermorecambe@gmail.com](mailto:lbflancastermorecambe@gmail.com)



Funded by  
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