

Referral Questionnaire for Resettlement

Threshold Housing Link
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This referral questionnaire is for:

Resettlement Male

Resettlement Female

Mullane House (16-21 year old's)

The Old Appleyard (Substance Misuse project)

The purpose of this questionnaire is to give Threshold staff information that will allow safe working of the projects and enable the applicant to receive the level of service they require. Information contained in this application will not be used to exclude.

1 Personal Details		Threshold Number: <small>(for office use only)</small>	
Surname		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Forename(s)		N. I. Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address		Source of Income	
		Amount	
Postcode		Next pay date	
2 Contact Details <small>insert your phone numbers and then tick your preferred contact method</small>			
<input type="checkbox"/> Land-line		<input type="checkbox"/> Other	
<input type="checkbox"/> Mobile		<input type="checkbox"/> E-mail	
3 Next of Kin or Emergency Contact			
Name		Relationship	
Address		Telephone (Day)	
		Telephone (Evening)	
Postcode		Mobile	
4 Do you have contact with any family? <small>Tick the appropriate boxes and tell us how often you see them</small>			
<input type="checkbox"/> Mother		<input type="checkbox"/> Brothers and Sisters	
<input type="checkbox"/> Father		<input type="checkbox"/> Children	
5 Do you work with any of these people? <small>Write their names in the boxes and tick the boxes if we can speak to them</small>			
<input type="checkbox"/> Doctor	Name	Phone	
<input type="checkbox"/> Social Worker	Name	Phone	
<input type="checkbox"/> CPN	Name	Phone	
<input type="checkbox"/> Probation Officer	Name	Phone	
<input type="checkbox"/> Drug/Alcohol Worker	Name	Phone	
<input type="checkbox"/> Other	Name	Phone	

6 List any convictions you may have in the last 5 years

Date of Conviction	Offence	Sentence

7 Have you ever been convicted of a Schedule 1 Offence?

Yes No

8 Do you have any outstanding legal issues?

Yes No If Yes, please give details

9 Do you have any outstanding fines, compensation or court costs?

Yes No If Yes, please give details

10 Tell us about any other debts you may have, including rent arrears.

Amount owed	Owed to/for	Repayments	Frequency

11 Tell us about your physical health

12 Tell us about your mental health

13 Tell us about any medication you are prescribed

14 Drugs and alcohol please tick the boxes that apply to you

	I have problems with this	I use this often	I use this recreationally	I have used this for (how long)	I last used this (date)
Alcohol					
Opiates					
Cocaine/crack					
Cannabis					
Amphetamines					
Street tranquillisers/sedatives					
Ketamine					
Methadone/Subutex					
Other					
Other					

15 What life problems are you facing connected to your alcohol or drug use?

16 Describe any counselling or medical help you might have to help with this problem

17 Describe any treatment programmes or courses you may have been on

18 I... Tick the appropriate boxes

Attend self help groups <small>such as AA and NA</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Am on a DRR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have received a formal assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Am being drug tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Am currently testing clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Am willing to be tested by Threshold	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Am on detox medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last tested positive on <small>(date)</small>		

19 Independent living skills

Have you ever lived on your own?	Never <input type="checkbox"/>	For up to 1 month <input type="checkbox"/>	For up to 1 year <input type="checkbox"/>	For more than 1 year <input type="checkbox"/>
Have you ever shared accommodation?	Never <input type="checkbox"/>	For up to 1 month <input type="checkbox"/>	For up to 1 year <input type="checkbox"/>	For more than 1 year <input type="checkbox"/>
How well can you cook?	Can't <input type="checkbox"/>	From raw ingredients <input type="checkbox"/>	Can cook for others <input type="checkbox"/>	Snacks/Microwave <input type="checkbox"/>
How long does your money last?	1 day <input type="checkbox"/>	3 or 4 days <input type="checkbox"/>	1 week <input type="checkbox"/>	Until next payday <input type="checkbox"/>
How well can you fill in forms?	Not at all <input type="checkbox"/>	On my own <input type="checkbox"/>	With some help <input type="checkbox"/>	With a lot of help <input type="checkbox"/>
How often would you do the house cleaning?	Never/hardly ever <input type="checkbox"/>	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
How often would you do the laundry?	Never/hardly ever <input type="checkbox"/>	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Can you use any of these?	Washing machine <input type="checkbox"/>	Tumble drier <input type="checkbox"/>	Iron <input type="checkbox"/>	

20 Do you... Tick the appropriate boxes

Have problems with literacy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have problems with numeracy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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21 Describe how you currently spend your time

22 What would you like to get out of your time with Threshold?

23 Are you able to communicate effectively with... Tick the appropriate boxes

Friends	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hostel staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Support staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Benefit/Council staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>

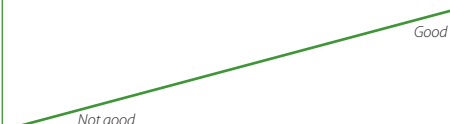
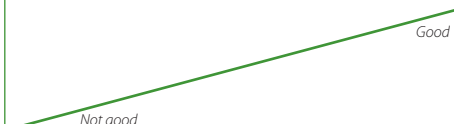
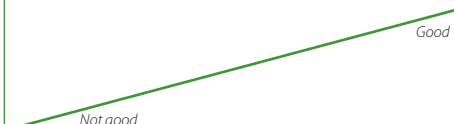
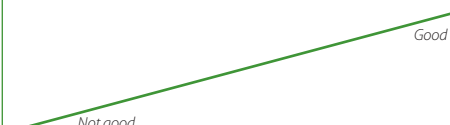
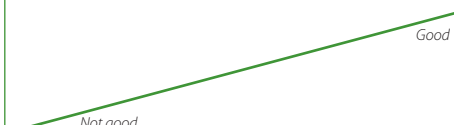
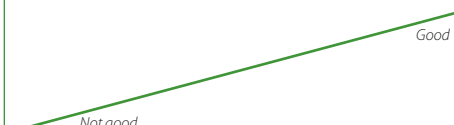
24 What makes you angry?

25 What do you do when you get angry?

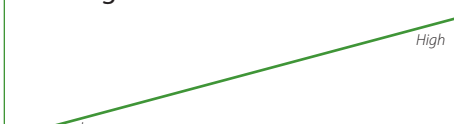
26 How long have you been homeless?

27 Tell us how you became homeless

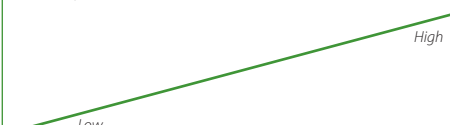
28 Rate the following... put a cross on the line

<p>Desire to change</p> 	<p>Personal hygiene</p> 	<p>Cleanliness of property</p> 
<p>Budgeting</p> 	<p>Compliance with rules</p> 	<p>Anger management</p> 

29 What is the risk of... put a cross on the line

<p>Misuse relapse</p> 	<p>Self harm</p> 	<p>Self neglect</p> 
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30 What is the risk of violence or aggression to... put a cross on the line

<p>The general public</p> 	<p>Other residents</p> 	<p>Threshold staff</p> 
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31 What help would you like from Threshold and how can we support you?

32 Use this space to tell us anything else you think we should know

33 Equal opportunities monitoring

How would you describe your gender?

How would you describe your ethnic origin?	White		Black	
	British <input type="checkbox"/>		Caribbean <input type="checkbox"/>	
	European <input type="checkbox"/>		African <input type="checkbox"/>	
	Any other White background <input type="checkbox"/> <i>Please describe:</i>		Any other Black background <input type="checkbox"/> <i>Please describe:</i>	
	Mixed <input type="checkbox"/> <i>Please describe:</i>		Asian <input type="checkbox"/> <i>Please describe:</i>	

How would you describe your religion or belief?

Do you consider yourself to have a disability? Yes No *If you would like to tell us more, please do so below*

Are you registered disabled? Yes No *Please tell us more below*

34 Confidentiality

All information supplied in this form will remain confidential to staff at Threshold, unless there is good reason to believe that the behaviour of the applicant represents an immediate danger to themselves or another person.

35 Use of information

These questions are intended to help us assess which combination of services would best meet the applicant's needs. Any information given in this referral form will not be used to exclude from the services Threshold offer.

36 Declaration

I declare that the information I have given in this application is true, correct and complete. I understand that any false statements or failure to disclose information requested on this application form may result in my application being disqualified or may lead resettlement services being withdrawn temporarily or permanently.

Signature

Date

Referring Worker Section



1 References - As many workers as possible should complete the sections below

Worker Name:	Role:
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Worker Name:	Role:
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Worker Name:	Role:
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Worker Name:	Role:
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2 Rate the following... put a cross on the line

Desire to change 	Personal hygiene 	Cleanliness of property
Budgeting 	Compliance with rules 	Anger management

3 What is the risk of... put a cross on the line

Misuse relapse 	Self harm/neglect 	Disclosure of project
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4 What is the risk of violence or aggression to... put a cross on the line

The general public 	Other residents 	Threshold staff
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5 List any warnings received at Threshold projects

Date	Warning	Date	Warning

6 Finances

Is Housing Benefit in payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the amount of HB the full amount? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the client have to pay Top-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the client have to be reminded or prompted to pay their service charges? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any issues when the client pays, such as arguing, or paying less? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have there been any issues with the client's benefit income? Yes <input type="checkbox"/> No <input type="checkbox"/>

7 Has the client been refused access to, or been asked to leave the hostel for being UTI...

Alcohol Yes <input type="checkbox"/> No <input type="checkbox"/>	Drugs Yes <input type="checkbox"/> No <input type="checkbox"/>
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8 Describe any anti-social behaviour

9 Declaration

I declare that the information I have given in this application is true, correct and complete. I understand that any false statements or failure to disclose information requested on this application form may result in my application being disqualified or may lead resettlement services being withdrawn temporarily or permanently.

Signature

Date