

REFERRAL FORM

Referral No.....

6 Bridge St
Hereford
HR4 9DF

Tel: 01432 842924

Fax: 01432 374790

Email: info@herefordshireshypp.org

For office purposes only:

Date received.....

Revisit Yes No

Client information form started date _____

SHYPP AIMS TO PROVIDE AN INTEGRATED APPROACH TO MEETING THE HOUSING, TRAINING AND EMPLOYMENT NEEDS OF YOUNG PEOPLE THROUGH THE PROVISION OF HOUSING PROJECTS, OUTREACH SUPPORT, A 'NIGHTSTOP' EMERGENCY ACCOMMODATION PROJECT AND PREVENTATIVE SCHOOLS WORK

Full name:	Gender
Date of birth:	Age:
Current Address or place where we can contact you:	
Telephone:	Email

Please tell us where you heard/ found out about us. Do you have any diversity needs eg communication, access?
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Briefly describe your present housing situation:
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Are you registered with homepoint? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your banding? Priority <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/>
What is your reference number:

Are you claiming benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which:

Are you in training and/or employment? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you interested in: (please tick all those you are interested in)

Outreach Support

Outreach Support for Young Parents

Supported Accommodation in Hereford (single person)

Supported Accommodation in Leominster (single person)

Supported Accommodation in Ross-on-Wye (single person)

SHAC (Supported Housing for Aftercare young people).NB. All referrals must come through aftercare.

Supported Lodgings

Are you pregnant?

Do you have any children living with you?

What is/are the age/s of your child/children?

If you are applying for supported accommodation, please provide 2 references that are not family members but agencies that you have had regular contact with eg connexions, college, school, GP, probation.

	1	2
Name		
Agency/Relationship		
Address		
Phone Number		

"I am in agreement with this referral and give my permission for SHYPP to contact other agencies and share information about myself that is relevant to my application and in the case of supported housing accommodation, the police authorities. I also agree that my file be reviewed by funders for auditing purposes."

Signed (young person): Date:.....

Referring Agency
Name of Agency: Address: Telephone: e-mail: Name of person making referral:

Supporting comments:

Signed (Referring agent): Date:.....

***We will contact you within 5 days of receiving this application**

PLEASE ENSURE YOU FILL IN THE EQUAL OPS. FORM ATTACHED



EQUAL OPPORTUNITIES FORM

In order to assist us in monitoring the effectiveness of the SHYPP'S policy you are asked to complete the section below. This information is for statistical purposes only, and will not be used in consideration of your application. This sheet will be treated as confidential and will be separated from your referral form.

Ethnic Origin How would you describe your ethnic origin? (for example British, Asian etc)
.....

I would describe myself as:

White Black Mixed Other

I consider myself to have a disability Yes/No

I do not wish to provide this information

For further information please contact:
44 Berrington Street
Hereford
HR4 OBJ
Tel: 01432 374320
Fax: 01432 374790
info@herefordshireshypp.org

Office use only:

REFERRAL ADDED INFORMATION

Ref no _____

MAIN REASON FOR REFERRAL

- Homeless
- Threat of homelessness
- Support with new tenancy
- Debts/issues with tenancy
- Advice on housing options
- Parenting/child protection issues
- Benefits advice
- Move on from care
- Other

OUTCOME OF REFERRAL

- Offered service
- Not eligible for service
- Service offered but refused by applicant
- Refused service

Reason refused: