

Mental Health Housing Related Support Services

Referral Form

Area	Richmondshire		Hambleton		Scarborough		Ryedale			
Type of Support	Supported Accommodation					Floating Support				
Individual Title: Name: Address: Postcode: Contact number: Date of Birth: Age:					Referrer Date request made: Name: Role: Organisation: Address: Contact number: Email: Is the customer aware of the referral? Yes/ No					
Type of accommodation Currently Occupied					Housing Association		Lease		Home Owner	
					Local Authority		Private Rent		Other Please state:	
					Hospital		Residential Care			

Eligibility Criteria Please highlight			
Over the age of 18 years	Yes/ No	Has a mental health Issue	Yes/ No
Has a housing Support need	Yes/ No	Has the potential to move on to independent living within 1 year	Yes/ No
Has a willingness to engage with support	Yes/ No	Currently resides in the District/ Brough Local Authority area	Yes/ No
Does not pose any unreasonable risk to other individuals or property	Yes/ No		

Please let us know if you require this information or any future communications, documents, or letters in the following formats

Large Print Yes/ No	Braille Yes/ No	Audio Tape Yes/ No	CD Yes/ No
Language other than English Yes/ No			
Which Language			

Mental Health Need

Please outline the customers Mental health Need:

Housing Support Need

Please identify type of support required:

Health and Safety Concerns at Current Accommodation

Pets:

Infestations:

Excessive household waste:

Rubbish:

Needles:

Bottles:

Hoarding:

Other:

Is the Customer a risk to self or others? Yes/ No

Please comment:

Please identify any services, names and contact details that are currently involved with the customer:

Does the customer have?:

Care Plan **Yes /No**

Risk Assessment **Yes/ No**

Are they up to date **Yes/ No**

Please include a copy of the most recent Care Plan and Risk Assessment

Does the Customer have an up to date Social needs Assessment **Yes/ No**

Any further information:

Please return to:

MentalHealthEnquires@broadacres.org.uk

Broadacres Housing Association

FREEPOST RRBZ-TATA-BYHL

Mental health service

Broadacres House

Mount view

Standard Way

Northallerton

North Yorkshire

DL6 2YD

Tel: 01609 767900

Referral made by:

Date

Referral received by:

Date: