



## **Symbiosis Homes Referral Management (Temporary Accommodation)**

Symbiosis Homes provides referral for independent living.

- Referrals are made to the On-Line Team.
- Referrals can be made by the client or via statutory and voluntary organisations.
- Nominations are accepted during normal office hours.
- The On-Line Team, taking the referral records the potential client details on to our database. This information includes details of support required, and other agencies involved. If the client is working with any other statutory agencies a "Reference Request Form" will be forwarded to the appropriate agency. The information will be used as part of the Risk Assessment.
- The information is then passed onto the Symbiosis Homes Manager in the location the support is required.
- The Support Worker will then contact the client with 48 hours to make an appointment for the interview. However in certain circumstances these arrangements may be made by the referring agency.
- During discussions with the client or referring agency the aims of the interview are explained.
- If the Support Worker has failed to make contact with the client, after two days they will contact the referring agency.
- The details of the referral are recorded on Symbiosis Homes internal database.
- The admission criteria is:
  - Pregnant and or mother of a child under 5
  - In need of Support
  - Over the age of 16
  - Homeless (accommodation based only)
- If there are no vacancies at the time of the interview, the Support Worker adds the client's name to the waiting list and regularly rings the potential client or referral agency to keep them informed of the current situation. The client will be sent a letter confirming that they have been added to the Symbiosis Homes waiting list.
- Please ensure that the referral form is completed as fully as possible using block capitals. This will ensure that there is little delay as possible in processing the referral.
- A copy of Symbiosis Homes Client Privacy Statement can be made available upon request.

**Please phone, email or visit our website: [www.symbioshomes.uk](http://www.symbioshomes.uk)**

Tel: 0121 688 5294 : Email: [info@symbiosishomes.uk](mailto:info@symbiosishomes.uk)

ACCOMMODATION REFERRAL FORM:		
Referral Agency/Name of person making referral:		Title:
Email:	Telephone No.	
Potential Client Name:		
Email:	Telephone No.	
Age:	DOB:	EDD:
Names, gender and DOB of child/ren:		
Current address:		
Ethnic Origin:	NI No.:	
Legal Immigration status		
Working:	Details:	
Claiming Benefits:	Details:	
Disability/Health Problems:	Details:	
Substance misuse:	Details:	
Domestic Abuse:	Details:	
Registered Homeless:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Council: Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the client used a Life service before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one?	
Reasons for referral (please tick):		
Asked to leave by family/friends <input type="checkbox"/> Leaving Care/Foster Placement <input type="checkbox"/> Parental Eviction <input type="checkbox"/> Escaping Domestic Abuse <input type="checkbox"/> Other <input type="checkbox"/> Emergency Accommodation <input type="checkbox"/> Leaving Prison <input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Eviction from Council/Private tenancy <input type="checkbox"/> Sleeping Rough <input type="checkbox"/> Other <input type="checkbox"/> Please provide details:		
Support needs ( please provide details):		
Support currently provided by ( please provide details):		
Permission to liaise with other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Would the client benefit from an interpreter during the interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail type needed (eg BSL, or language requirements):		
Would the client benefit from having a named person to support her during an interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details of who will attend with the client:		
Contact Details	Telephone No.	Email address
Next of Kin*		
Social Worker		

<b>After Care Team</b>		
<b>Probation</b>		
<b>Midwife/Health Visitor</b>		
<b>Health Professional</b>		
<b>Other</b>		
<b>Referral procedure explained to Client?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please phone, email or visit our website: [www.symbioshomes.uk](http://www.symbioshomes.uk)

Tel: 0121 688 5294 : Email: [info@symbiosishomes.uk](mailto:info@symbiosishomes.uk)