

***Service User Profile***

**Service user details: -**

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| --- | --- | --- | --- |
| ***Date referral received:***  |  | ***Method of referral:*** | ***(Delete as appropriate)**** ***HTH (internal ref)***
* ***Self-referral***
* ***Outside Agency***
 |
| ***Name of service user:*** |  | ***DOB service user:*** |  |
| ***No. of members in household and marital status:***  |  | ***Age of service user:*** |  |
| ***Address of service user:***  |  | ***Phone Number of service user:*** |  |
| ***Local authority:*** |  | ***Email address of service user:*** |  |
| ***Type of accommodation and length of time at current address:******Eg***Private Tenancy Council Tenancy Homeowner Supported accommodationSheltered Accommodation Hostel  |  | ***Any additional information?******Concerns?*** ***High Risk?*** |  |
| ***Residency status:*** Eg:Uk citizen Refugee Asylum Seeker Right to remain  |  | ***Does the applicant have an illness or disability? Including mental health:*** *If yes, please give details…* |  |

**Details of other members of the household: -**

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB:** | **Relationship to applicant:** |
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**If referred by another service/organisation/professional:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Name:** |  | **Referrer Phone number/email address:** |  |
| **What support are you giving to the service user?** **How long has the service user been known to your organisation?**  |  | **Other known support services in place:**  |  |
| **Vulnerability/circumstances verified by professional?**  |  **Y / N**  | **Additional notes:**  |  |
| **If we were to approve the application and made a delivery to the home, is there any special considerations or known risks we need to be aware of?**  |  | **Invoicing details for if application is approved:** |  |

**Monitoring Information (optional):**

|  |  |
| --- | --- |
| **Ethnicity:** |  |
| **Sexual orientation:** |  |
| **Religious belief:** |  |

**Financial details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employed?** **If yes, please give details inc take home pay…** |  | **Completed income and expenditure form?** |  |
| **Claiming benefits?****If yes, please give details.** |  | **Any deductions from benefits?** **If yes, please give details.** |  |
| **Deemed unfit for work?** **If yes please give details:** |  | **Any other relevant information:****ie recourse to public funds?** |  |

***Broad vulnerability criterion as outlined below, please highlight those that apply to the service user: -***

\* Isolating/shielding **and** live alone

\* Currently Homeless including those in temporary or emergency accommodation

\*Ex-homeless

\*Diagnosed mental health condition

\*Elderly (70+)

\*Physically Disabled

\*Prison Leavers – with an existing probation worker

\*Those in substance use recovery

\*Those in active substance use

\*Single parent families

\*BAME – including refugees and asylum seekers

\*Unemployed/financial hardship

\*Care Leaver

\*Fleeing Domestic abuse

\*History of poor engagement

**All referrals need to be supported by proofs of eligibility and/or a supporting statement from a professional.**

***Examples of proofs are outlined below: -***

\*Benefit statement (Screen shot of UC accepted)

\*Bank statement

\*Income and expenditure form

\*Biometric card

\*ID – provisional/passport

\*Disability registration/parking permit/bus pass

\*Rent statement

\*Supporting letter from a professional involved in the care and support of the service user

|  |  |
| --- | --- |
| Proofs provided: (1 minimum) |  |

**Support Required:-**

**Please highlight below the type(s) of support required from HTH:-**

* Food Support
* Essentials Provision (incl clothing, telecommunications, etc)
* Further support for those who are homeless, ex-homeless or at immediate risk of homelessness

**Please note –**

* **No further information than this form is required if referring only for food support.**
* **If referring for homeless and welfare support, HTH will contact the service user directly to complete our support referral form.**
* **If the referral includes essentials provision, please complete the section below: -**

**Essentials Section:-**

**Details of items requested: (Please put the items in priority order, we cannot guarantee delivery of items requested if approved but will do our best to provide items based on priority order)**

**Please not we CANNOT provide cookers or tumble dryers.**

**1)**

**2)**

**3)**

**4)**

**5)**

**6)**

|  |  |
| --- | --- |
| **Any accessibility notes –****E.g, what floor is the accommodation, is there a lift, etc** |  |

\*We aim to process essential applications within 5 working days, if approved we aim to deliver items within 10 working days. Further correspondence and delivery arrangements will be made directly with service user unless otherwise requested, but you, as the referrer will be updated with the outcome of the referral.

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***(Management use only)***

**Project allocation: - (Can be placed into more than one relevant element)**

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| --- | --- | --- | --- | --- |
| ***HTH******B&B and Beyond*** | ***HTH******Encompassed Aftercare*** | ***HTH******Reach and connect*** | ***HTH******Essentials & Telecommunications***  | ***HTH*** ***Food Bank Provision*** |
|  |  |  |  |  |