

Please complete all sections, incorporating the third party risk assessment.

All referrals **MUST** be accompanied by a OASYS Risk Management. Once completed please return to: **new.referral@axisl.cjsm.net**

DATE OF REFERRAL

REFERRER DETAILS

Referring Agency

Agency Office

Officer

Contact Tel

APPLICANT PERSONAL DETAILS

Title

First Name

Surname

Date of Birth

Age

National Insurance Number:

Address

Postcode

Contact Telephone

NEXT OF KIN DETAILS

Name

Relationship

Address

Postcode

Contact Tel

APPLICANT BENEFITS DETAILS

Is the applicant receiving Benefits?

Yes

No

Which Benefits do they receive?

JSA

ESA

PIP

Pen. Credit

Housing Benefit

Other

SUPPORT - ECONOMIC WELLBEING

Does the applicant need assistance with any of the following?

Claiming and/or receiving Benefits

Yes

No

Managing Debts and Budgeting

Yes

No

Essential life skills such as cooking, cleaning, shopping etc:

Yes

No

Any other wellbeing issue: (please provide brief details)

Yes

No

SUPPORT - STAYING HEALTHY

Does the applicant have any of the following?

Mental and/or Physical Health

Yes

No

Alcohol and/or Drug Use

Yes

No

Learning disabilities or other issues

Yes

No

Any other Health issue: (please provide brief details)

Yes

No

SUPPORT - STAYING SAFE

Does the applicant have a history or current issues with any of the following?

Child / adult protection issues:

Yes No

Domestic violence / harassment:

Yes No

Any other safety issue: (please provide brief details)

Yes No

ESTIMATED MOVE ON DATE

Please provide any further information which may assist in determining suitability for Supported Housing with Axis Supported Living

THIRD PARTY RISK ASSESSMENT

This part of the application is intended to identify possible risks to the Service User and/or others who may come into contact with them.

It is very important that the information you provide is as full and accurate as possible to ensure the safety of all concerned.

Does the applicant have a history of verbal aggression or have they demonstrated verbal behaviour which could be perceived as aggressive by others?

YES NO

Please provide more details

Does the applicant have a history of physical aggression or have they demonstrated physical behaviour which could be perceived as aggressive by others?

YES NO

Please provide more details

Does the applicant have a history of self harm, para-suicide or attempted suicide? eg, eating disorder.

YES NO

Please provide more details

Does the applicant have a history of abusive and/or physical violence towards staff?

YES NO

Please provide more details

Have any risks been identified in the applicant's past accommodation including any time spent within prison or a hostel?

YES NO

Please provide more details

Does the applicants health present any risk to either themselves or others that may come into contact with them?

YES NO

Please provide more details

Does the applicant have a history of physical aggression towards their environment? eg. damage to furniture, kicking/punching walls etc.

YES NO

Please provide more details

Please provide any further information which may assist in risk reduction with this applicant eg. signs or circumstances of when risk behaviour might occur, known triggers and how the risk can be managed. Please provide more details:

FOR OFFICE USE ONLY

Has the applicant been Accepted Declined

If declined, please state the reason: