

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

All referrals **MUST** be accompanied by a OASYS Risk Section R6. Once completed please return to: **new.referral@axisl.cjsm.net**

**DATE OF REFERRAL**

### FOR OFFICE USE ONLY

Has the applicant been  Accepted  Declined

### PLEASE NOTE:

We are unable to accept referrals for Services Users with past or present Arson offences.

Please confirm your service user **does not** have an arson offence

### REFERRER DETAILS

Referring Agency

Agency Office

Referring Officer

Contact Tel

### APPLICANT PERSONAL DETAILS

Title

First Name

Surname

Date of Birth

Age

National Insurance Number:

Current Address

Postcode

Contact Telephone

### NEXT OF KIN DETAILS

Name

Relationship

Address

Postcode

Contact Tel

## RESIDENCY DETAILS

Is the Service User a British Citizen? Yes  No

Does the Service User have leave to remain in the UK? Yes  No  Expiry

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## SERVICE USER INCOME DETAILS

Is the applicant receiving Benefits? Yes  No

Which Benefits do they receive?

Is the Service User in Employment?

Total number of hours per week  Hourly Wage  Start Date

Is this Agency work? Yes  No

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## AGENCIES CURRENTLY WORKING WITH THE SERVICE USER

Name  Contact  Tel:

Name  Contact  Tel:

Name  Contact  Tel:

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## APPLICANT OFFENDING HISTORY

Is the applicant an NPS Client Yes  No

Is the applicant managed by Leeds NPS Yes  No

Offender Manager

Offender Manager Email  Mobile

Current Offence  Licence Exp.

Previous Offending History (OASYS Risk Section R6 must be attached)

## SUPPORT - FINANCIAL

Does the applicant need support with any of the following?

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Claiming and/or receiving benefits                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Managing debts and budgeting                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Paying bills  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any other Financial issues: <i>(please provide brief details)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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## SUPPORT - HEALTH AND WELLBEING

Has the applicant been diagnosed with / have a history any of the following?

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Mental and/or physical health                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mobility Issues   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Alcohol and/or drug dependency                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| A Learning disability   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Difficulties with reading, writing and numeracy               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding basic instructions                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Communicating with officials                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any other Health issue: <i>(please provide brief details)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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## SUPPORT - TENANCY AND ACCOMMODATION

Does the applicant have previous experience of managing a tenancy Yes  No

What is the Service Users' current accommodation status?

NFA  Approved Premises  Lodger  Supported Housing  Other

What is the reasons for referring to Axis Supported Living?

## SUPPORT - TENANCY AND ACCOMMODATION (continued)

Does the applicant have current / past issues with any of the following?

Neighbourhood disputes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Past and/or current Rent arrears ( <i>including HB overpayments</i> )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Exclusion zones / Restraining orders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Damage to Property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eviction from accommodation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
General management of a tenancy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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## SUPPORT - SPECIFIC NEEDS

Are there any specific needs not identified above that Axis need to be aware of when assessing the Service User?

**DATE ACCOMMODATION REQUIRED**

# 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?

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

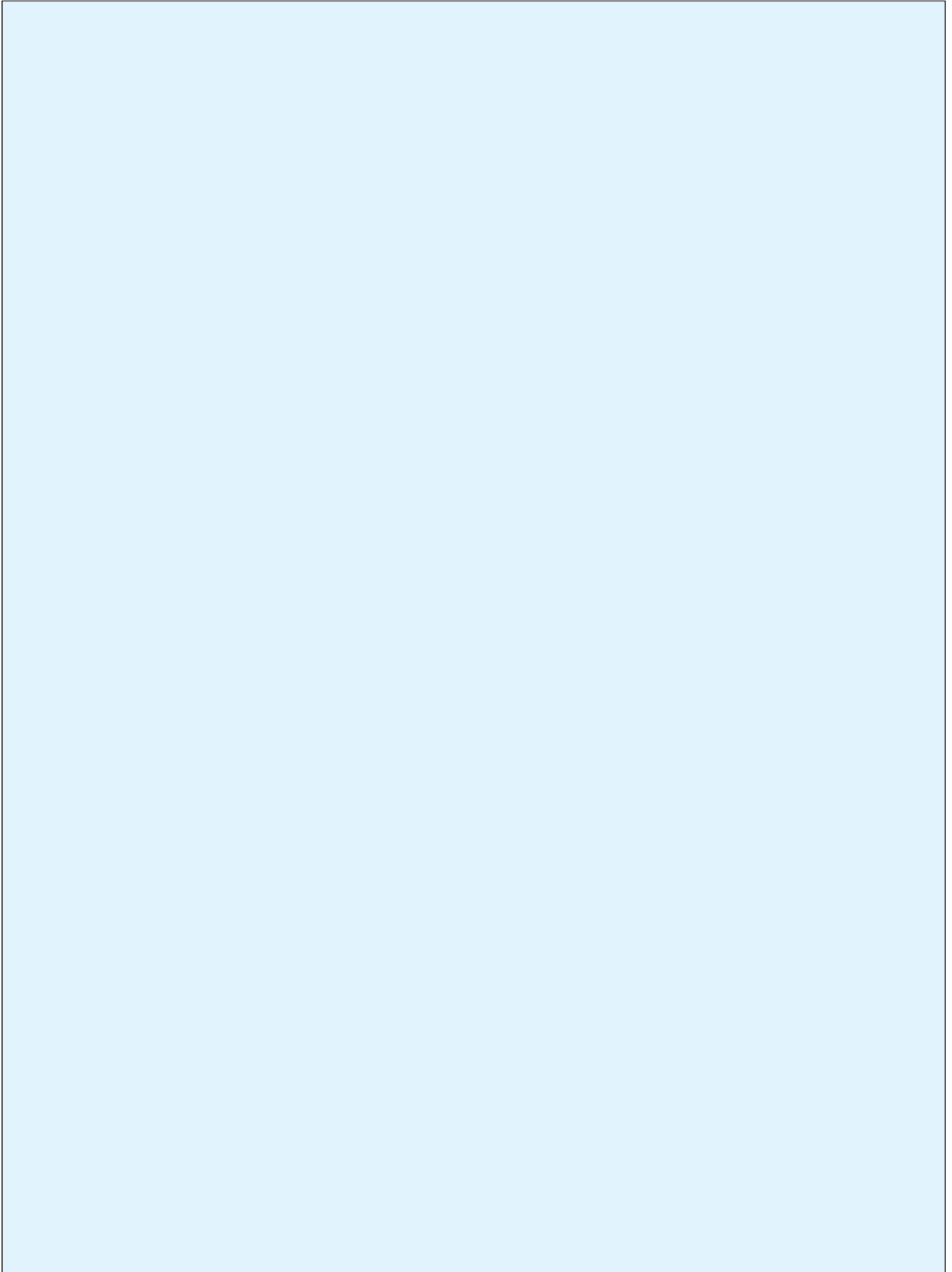
Please provide more details

Does the applicant have a history of physical aggression towards their environment? eg. Damage to property, 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:

A large, empty rectangular box with a light blue background, intended for providing further information on risk reduction. The box is outlined in black and occupies most of the page below the instruction text.