



Prospective Pathway Futures

Complex Needs Housing & Support

**REFERRAL FORM**

Cash's Business Centre

228 Widdrington Road

Coventry

West Midlands

CV1 4PB

[referrals@prospectivepathwayfutures.org.uk](mailto:referrals@prospectivepathwayfutures.org.uk)

0300 365 4060

Please complete this form and email it to us on the detailed above. Alternatively, a referral can be made over the telephone by calling any of our numbers

<b>Name of Referring Agency</b>	
<b>Name of Worker Making Referral</b>	
<b>Agency Contact Number</b>	
<b>Date of Referral</b>	

**Client Details** *(the person needing a service)*

<b>Full Name</b>	<b>D.O.B. &amp; Age</b>
<b>Financial Status (including whether the client is entitled to public funds)</b>	<b>N.I. No</b>
<b>Tel No:</b>	<b>Gender:</b>
<b>Email address:</b>	<b>Client number:</b>
<b>Previous Contact with PPF</b>	
<b>Current Address: including housing status (e.g. tenant, living with family, friends etc) and for how long. If the client has no current address, please give a "Care of" address where information can be sent to</b>	
<b>Landlord's Name and Contact Details</b>	

Please explain why the client requires PPF supported accommodation.

--

**Current Accommodation** *(Please tick one option that best describes the accommodation)*

Rough Sleeping	
Sofa Surfing	
Prison	
Temporary Accommodation (e.g. B&B, NASS)	
Supported Housing (e.g. Salvation Army, Doorway, etc)	
With family or friends	
Social Landlord	
Private Tenancy	
Owned Property	
Other – please specify	

**Current Circumstances** *(Please tick one option that best describes the circumstances)*

No accommodation (rough sleeping, sofa surfing etc)	
Escaping violence or harassment	
Accommodation uninhabitable (e.g. serious health and safety concerns)	
Threatened with homelessness within 28 days	
Leaving prison	
Statutory Bail Condition (e.g. area)	
Relationship breakdown	
Accommodation unsuitable (e.g. overcrowding, cannot cope)	
Support needed to sustain tenancy	
Need to move closer to family/support	
Any further information on client's circumstances	

**What issues does the client need support with? (tick as many as apply)**

	Tick box		Tick box
Housing		Anti-Social Behaviour	
Drugs		Learning Difficulties	
Alcohol		Refugee	
Mental Health		Developing Domestic Skills	
Self-Harm		Access to Training/Education	
Physical Health		Literacy	
Debts/Budgeting		Community Involvement	
Gambling		Claiming Benefits	
Sex Work		Developing Social Skills	
Offending Behaviour		Access to Work	
Domestic Violence		Other – state what	

**Further Information on Support Needs, including any requirements such as religious or cultural needs, need for a translation service.**

**If translation service required please state language \_\_\_\_\_**

**Are there any mental or physical health issues that should be considered?**

**Name of Referrer;**

**Tel No:**

**Address**

**Details of any prescribed/un-prescribed medication?**

Are you aware of any risk factors that should be considered as part of this referral, e.g. convictions/offending history, self-harm, attempted suicide or risk from others?  
Continue on a separate sheet if necessary.

Are any other agencies involved with the client? Please state the name of the agency, the name of the worker and their contact number

Any other information that will help in assessing the client?

<b>Signed (Client)</b>	<b>Date of Application</b>
<b>Signed (Referring Worker)</b>	<b>Date of Referral</b>
<b>Name of PPF Worker Completing Form (when applies)</b>	<b>Date of Referral</b>

<b>For Office Use Only</b>	<b>Assessment Outcome</b>

