

SUPPORTED ACCOMMODATION REFERRAL FORM

Ref No: _____

Date: _____

To be completed by the referring professional. Return completed form to: info@happylliving.co.uk | All sections must be completed.

SECTION 1 — REFERRING PROFESSIONAL

Referrer Full Name	_____	Job Title	_____
Organisation Name	_____	Organisation Type	_____
Contact Number	_____	Email Address	_____
Date of Referral	_____	Requested Placement Start Date	_____

SECTION 2 — APPLICANT DETAILS

Full Name	_____	Date of Birth	_____
National Insurance Number	_____	Phone Number	_____
Current Address (inc. postcode)	_____		

GP DETAILS

GP Name	_____	Surgery Name	_____
Surgery Address	_____	GP Contact Number	_____

EMERGENCY CONTACT

Emergency Contact Name	_____	Relationship to Applicant	_____
Contact Number	_____	Is this person also Next of Kin?	_____

CONSENT & MENTAL CAPACITY

- | | |
|---|--|
| ☐ Applicant consents to this referral | ☐ Referral made on applicant's behalf (advocate / deputy) |
| ☐ Mental Capacity Act assessment completed | ☐ Best interests decision made |

SECTION 3 — BENEFITS & FUNDING

- | | |
|---|---|
| ☐ Universal Credit (Housing Element) | ☐ Housing Benefit |
| ☐ PIP / DLA | ☐ ESA / JSA |
| ☐ No current benefits | ☐ Benefits pending / being applied for |

Further detail on benefits and funding:

Housing Benefit Claim Reference (if applicable)	_____	Which Local Authority awarded HB?	_____
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SECTION 4 — ACCOMMODATION REQUIREMENTS

☐ **Single room (shared house)**

☐ Ground floor required

☐ No specific preference

☐ Self-contained unit

☐ Wheelchair accessible

☐ Other (detail below)

**Can the applicant live
with other people?**

**Any specific
requirements**

SECTION 5 — REASON FOR REFERRAL

Why is supported accommodation required? What has led to this referral?

Previous accommodation history (evictions, rent arrears, prior supported living placements):

**Legal Status (e.g. Section 117,
MHA, Court Order, None)**

SECTION 6 — SUPPORT NEEDS

☐ **Mental health support**

☐ **Housing stability support**

☐ **Life skills development**

☐ **Physical health needs**

☐ **Learning disability support**

☐ Substance misuse recovery

☐ Financial management support

☐ Employment / training support

☐ Emotional / wellbeing needs

☐ **Autism / neurodivergence support**

**Current diagnosis (if
applicable)**

**Recommended support
hours per week**

Additional details about support needs:

SECTION 7 — RISK INFORMATION

Risk Area	Level (Low / Med / High / None)	Details
Risk to self		
Risk to others		
Substance misuse		
Anti-social behaviour		
Safeguarding concerns		
Criminal justice involvement		

SECTION 8 — CURRENT AGENCIES & PROFESSIONALS INVOLVED

Agency / Organisation	Professional Name	Role	Contact Number

SECTION 9 — PROFESSIONAL SIGN-OFF

By signing below, the referring professional confirms that the applicant has been assessed and that supported accommodation is clinically or professionally recommended.

- ☐ I have assessed this applicant and confirm the support needs above are accurate
- ☐ Supported accommodation is required to maintain the applicant's safety and wellbeing
- ☐ The applicant has been informed of this referral and consents (or best interests apply)
- ☐ The information provided is accurate to the best of my professional knowledge

Referring Professional
Full Name

Professional
Qualification / Role

Signature

Date

SECTION 10 — SUPPLEMENTARY RISK & SUPPORT INFORMATION

Completed by the provider on receipt of referral. Supplements Sections 6 and 7 above.

A. Extended risk factors

History of arson

Domestic violence (victim or perpetrator)

Offences against children or vulnerable adults

Self-harm

Suicide attempts

Risk of exploitation / cuckooing by others

Damage to property

Abuse or harassment of others

Detail / controls in place:

B. Medication

Current medication(s)

Takes medication reliably

Stored securely in own room

Mental health support provider

C. Level of support required

Area	High	Some	None
Cooking and meal preparation			
Cleaning and housekeeping			
Laundry			
Budgeting and money management			
Benefit claims			
Using public transport			
Personal hygiene and health care			
Managing appointments			
Understanding house rules / licence			
Emotional support and wellbeing			

D. Applicant declaration and consent

I give permission for the information in this form to be shared with Happy Life Living CIC, and I authorise Happy Life Living CIC to contact relevant agencies regarding my support needs, health and any court convictions where required for this assessment. I understand my information will be handled in line with UK GDPR and the Data Protection Act 2018.

Signed / typed name of applicant

Date