

Sheffield Visiting Support

Eligibility and Referral Contact Details

Supported Accommodation – The Greens

If you wish to refer to The Greens you need to contact the Housing Support Pathway on

0114 2736306 or if you are a Trusted Assessor please

email the correct referral form to (as this form cannot be used):

housingadviceandoptions@sheffield.gov.uk



DISC

- Audit score of 20 +
- Sheffield Resident/Connection
- In need of Housing Related Support
- At Risk of Losing Accommodation and Independence
- Primary need of Alcohol Services
- Willing to Engage with Support Services
- Referred through Established Pathway (SAP)

Visiting Support Service

- Adults 18+ Years of Age
- Experiencing Tenancy Issues new or existing
- Current or history of substance/alcohol use

Please return referral to:

Supported Housing

Phone: 0114 2736306

Email: housingsolutionsgeneric@sheffield.gov.uk

Visiting Support Service

Post: DISC SVS, St Peters Chambers, 14 Campo Lane, Sheffield, S1 2EF

Fax: 0114 2762595

Email: SheffieldVS@disc-vol.org.uk

If you have any further questions please call us on: 0114 2855244 (Sheffield Accommodation Service)
or 0114 2722497 (Sheffield Visiting Support)

Sheffield Visiting Support & Supported Accommodation – Referral Assessment - Details



OFFICE USE ONLY			
Referral Received	/ /	Reference number	
Assessment Offered	Yes / No	Date of Assessment	/ /

Referrer Details			
Name		Tel No	
Email			
Agency			
Address			

Client Details			
Client Name		Date of Birth	
Current Address		Contact Address <i>if different</i>	
Telephone Number/s		Email	
NI Number		Relationship status	
Do you need any support to be able to attend an assessment?			
If yes please add details here:			

Dependants		
Name	D:O:B	Address <i>if different from client address</i>
Any Social Care & Health Involvement (if so please give brief details)?		

Next of Kin/ Emergency contacts		
Name	Relationship	Contact Number/ Address if different from client address

Other Agency Involvement			
Agency Name	Contact Details	Currently involved (Yes/No)	Can we contact for info (yes/ No)

Current Accommodation	
<input type="checkbox"/> Local authority general needs tenancy <input type="checkbox"/> Housing association general needs tenancy <input type="checkbox"/> Private sector tenancy <input type="checkbox"/> Tied housing or rented with job <input type="checkbox"/> Owner occupation (private) <input type="checkbox"/> Owner occupation (low cost home ownership) <input type="checkbox"/> Supported housing <input type="checkbox"/> Direct access hostel <input type="checkbox"/> Women's refuge <input type="checkbox"/> Foyer <input type="checkbox"/> Housing for older people <input type="checkbox"/> Residential care home <input type="checkbox"/> Hospital	<input type="checkbox"/> Prison <input type="checkbox"/> Approved Probation Hostel <input type="checkbox"/> Children's home/foster care <input type="checkbox"/> Bed and breakfast <input type="checkbox"/> Short life housing <input type="checkbox"/> Living with family <input type="checkbox"/> Living with friends <input type="checkbox"/> Mobile Home/Caravan <input type="checkbox"/> Any other temp accommodation <input type="checkbox"/> Home Office Asylum Support <input type="checkbox"/> Rough sleeping <input type="checkbox"/> Sofa Surfing <input type="checkbox"/> Other (please specify)
Significant History/Other:	

Training, Education, Employment and Income	
Income <input type="checkbox"/> Full Time Wage <input type="checkbox"/> Part Time Wage <input type="checkbox"/> JSA / ESA <input type="checkbox"/> DLA <input type="checkbox"/> Pension <input type="checkbox"/> OTHER	Education/ Employment <input type="checkbox"/> Paid Work <input type="checkbox"/> Voluntary Work <input type="checkbox"/> Full Time / Part Time Education <input type="checkbox"/> Training <input type="checkbox"/> No Education or Training or Employment <input type="checkbox"/> OTHER
Current income? £ _____ weekly/ fortnightly/ monthly	
Current debts?	



Housing Related Support Needs	
<input type="checkbox"/> Maximise income, including receipt of correct welfare benefits <input type="checkbox"/> Reduce overall debt <input type="checkbox"/> Obtain paid work <input type="checkbox"/> Participate in training and/or education <input type="checkbox"/> Participate in leisure /cultural / faith and /or informal learning activities <input type="checkbox"/> Participate in work-like activities, (unpaid work/ experience /voluntary work) <input type="checkbox"/> Establish contact with external services /groups /friends /family <input type="checkbox"/> Developing confidence and ability to have greater choice and / or control and / or involvement	<input type="checkbox"/> Better manage physical health <input type="checkbox"/> Better manage mental health <input type="checkbox"/> Better manage substance misuse issues <input type="checkbox"/> Assistive technology/aids and adaptations to help maintain independence <input type="checkbox"/> Maintain and/or obtain accommodation and avoid eviction <input type="checkbox"/> Comply with statutory orders /related processes in relation to offending behaviour <input type="checkbox"/> Better manage self harm <input type="checkbox"/> Avoid causing harm to others <input type="checkbox"/> Minimise harm / risk of harm from others

Substance Use - Past		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone/ Subutex <input type="checkbox"/> Solvents <input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Crack <input type="checkbox"/> Powder Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Ecstasy <input type="checkbox"/> 'Legal highs'	<input type="checkbox"/> Cannabis <input type="checkbox"/> Magic Mushrooms <input type="checkbox"/> Ketamine <input type="checkbox"/> Other Prescribed Medication <input type="checkbox"/> Other
Other details:		

Substance Use - Current		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone/ Subutex <input type="checkbox"/> Solvents <input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Crack <input type="checkbox"/> Powder Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Ecstasy <input type="checkbox"/> 'Legal highs'	<input type="checkbox"/> Cannabis <input type="checkbox"/> Magic Mushrooms <input type="checkbox"/> Ketamine <input type="checkbox"/> Other Prescribed Medication <input type="checkbox"/> Other
Other details:		

Substance Use - Injecting		
Ever injected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Shared any equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last shared <input type="checkbox"/> This year <input type="checkbox"/> Within last 10 years <input type="checkbox"/> Within last 5 years <input type="checkbox"/> Over 10 years ago
If you have injected have you ever been tested for Blood Borne Virus and what was result?		

Substance Use - Services		
<input type="checkbox"/> Using drug services in past <input type="checkbox"/> Using alcohol service in past <input type="checkbox"/> Using peer service past <input type="checkbox"/> Using AA/NA in past <input type="checkbox"/> Using other services in past <input type="checkbox"/> Never used any services in past	<input type="checkbox"/> Using drug services currently <input type="checkbox"/> Using alcohol service currently <input type="checkbox"/> Using peer service currently <input type="checkbox"/> Using AA/NA currently <input type="checkbox"/> Using other services currently <input type="checkbox"/> Not using any service currently	If ticked other please state services:
Please give further details in regards current treatments or structured activities (including any detox of treatment plans)		

Additional Other Support Details/ information	
Mental Health	
Physical Health	
Learning Disability	
Other	

Risk and Priority List (MUST BE COMPLETED)		Key: VH = Very High Risk, H = High Risk, M = Medium Risk, L = Low Risk
Risk/Priority/Issues (to self or others)	Level	Details/Action Required (must complete this column if a risk of any level is identified)
Risk of harm to dependent or unborn children		
Self Harm or Neglect or Care		
Poor or deteriorating physical health (inc harm from substances)		
Poor or deteriorating mental health		
Suicide or suicidal thoughts		
Abuse or exploitation (inc Domestic Abuse)		
Finances (e.g. budgeting, debt, benefits)		
Violence or aggression (to self or to others)		
Offending Behaviour/History (inc Arson or Schedule 1 offences)		
Health & safety risks whilst under the influence		
Housing Crisis		
Relapse		
Care Leaver		
Asylum Seeker		
Harm caused by visitors associates or cohabitants		
Any Other		

Has the client completed the self-assessment form? (NB: a self-assessment must be completed and returned prior to interview for accommodation referrals)	Yes / No / NA
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Referrer Signature		Print name		Date	
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Sheffield Visiting Support & Supported Housing - Referral Monitoring (protected characteristics) - Details

DISC aims to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010. These questions are used to monitor access (as part of a yearly and ongoing review) to the service and are not used to make decisions on eligibility or allocation. DISC will not discriminate unlawfully and the below questions will help us to formally review access to the service and as such are an important part of how we protect the interest of those referred to our services. However, you do have the right to not answer any or all of the below but we would ask you then tick the box appropriate to your choice not to respond. DISC's equality protocol is available on request.

Marital Status	
<input type="checkbox"/> Married/ Civil Partner	<input type="checkbox"/> Other
<input type="checkbox"/> Not Married/ Not Civil Partner (single)	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Cohabiting/ Domestic partnership	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Divorced/ Dissolved Civil partnership	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)
<input type="checkbox"/> Widowed	

Pregnancy/ Maternity Status	
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> In Maternity (post 26 weeks of birth)	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Not pregnant/ not in maternity	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)

Disability Status	
<input type="checkbox"/> Disabled	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Not Disabled	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Other	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)

Ethnicity	
<input type="checkbox"/> White British	<input type="checkbox"/> Mixed – White and Black Caribbean
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed – White and Black African
<input type="checkbox"/> White Other	<input type="checkbox"/> Mixed – White and Asian
<input type="checkbox"/> Asian/ Asian British - Indian	<input type="checkbox"/> Black or Black British – Caribbean
<input type="checkbox"/> Asian/ Asian British - Pakistani	<input type="checkbox"/> Black or Black British – African
<input type="checkbox"/> Asian/ Asian British - Bangladeshi	<input type="checkbox"/> Black or Black British – Other
<input type="checkbox"/> Asian/ Asian British - Other	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Chinese/ Japanese	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Gypsy, Roma, Travveller	<input type="checkbox"/> Not known – by client
	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)

Faith / Religion	
<input type="checkbox"/> Christian	<input type="checkbox"/> Other
<input type="checkbox"/> Muslim	<input type="checkbox"/> Atheist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Agnostic
<input type="checkbox"/> Jewish	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Sikh	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)

Gender	
<input type="checkbox"/> Male	<input type="checkbox"/> Other
<input type="checkbox"/> Female	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Transgender	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Gender Reassigned	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)

Sexuality	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Client prefers not to state
<input type="checkbox"/> Homosexual	<input type="checkbox"/> Not known – by client
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Not known – by referrer (only used if client not part of referral process)
<input type="checkbox"/> Other	