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| By applying for housing support you are giving permission or permission on behalf of the young person for OUR WAY LEEDS staff to investigate/verify your application and to input on our Gateway System. We will only ask for/share information relevant to your referral on a ‘need to know’ basis in order to help or advise you. Personal information will be shared without your consent where there is significant risk to yourself or others or when fraud is suspected.  Withholding consent to share information may limit your access to services. Permission to share information can be reviewed at any time (at your request) – please contact a member of staff.  **I agree that the agencies/professionals listed in the referral can be contacted for further information that is of relevance to the processing of this referral.**  **YES:  NO:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF REFERRAL:** | | | | | | | | | | | |  | | | | | | | | | | | | |
| Wherever possible this triage form should be completed **with** the young person. | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS ABOUT YOU:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name:** |  | | | | | | **Surname:** | | |  | | | | | | | **Date of Birth:** | | | | | |  | |
| **Gender:** | Male:  Female:  Transgender/ non binary: | | | | | | | | | | | | **What is your National Insurance Number:** | | | | | | | | | I don’t know this: | | |
| **Are you pregnant?**  **Due date if known:** | | | Yes: No: | | | | | | | | | | | | | **Are you a care leaver?** | | | | | | | Yes:  No: | |
| **Current address/ where you feel is your main address:** | | |  | | | | | | | | | | | | | **Is this a correspondence address?** | | | | | | | Yes:  No: | |
| **Postcode** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact number:** | | | I don’t have my own phone: | | | | | | | | | **Alternative contact number/ email address:** | | | | | | |  | | | | | |
| **Email address:** | | | I don’t have an email: | | | | | | | | | **Whose does this number belong to?** | | | | | | |  | | | | | |
| **If you have children please add their details:** | | | **Name** | | | | | **Date of Birth** | | | | | | **Gender** | | | | | | | **Do your children live with you?** | | | Yes:  No: |
|  | | | | |  | | | | | |  | | | | | | |
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|  | | | | |  | | | | | |  | | | | | | |
| **Have you approached Leeds Housing Options?** | | | | Yes:  No: | | | | | | | | **Housing Register Number and Banding/Priority:** | | | | | | | |  | | | | |
| **DETAILS ABOUT YOUR ALTERNATIVE CONTACT SHOULD WE BE CONCERNED ABOUT YOUR WELFARE:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | Relationship to you: | | | | |  | | | | | | | | |
| Address: |  | | | | | | | | | | Contact Number: | | | | |  | | | | | | | | |
| **TELL US ABOUT YOUR CURRENT HOUSING SITUATION AND HOW LONG YOU HAVE BEEN IN THIS SITUATION?**  **HOW LONG ARE YOU ARE ABLE TO LIVE/STAY IN YOUR CURRENT SITUATION?** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Examples:**  I’m living with my family and I can stay until I find somewhere else.  I have been sofa surfing at different people’s houses night to night for 3 months and I don’t know how long I can do this for.  I have had my own tenancy for 6 months and I have been served notice but I want to stay here. | | | | | | |
| **ARE YOU WORRIED FOR YOUR SAFETY? IF YOU ARE, TELL US MORE ABOUT THIS AND WHAT WORRIES YOU THE MOST.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Examples:**  I’m worried about my ex-partner who has been physically abusive to me and s/he knows where I live.  I’m worried the situation I am in with my partner could turn violent because…  I don’t feel safe because I am sofa surfing where I can with people I don’t know and they have asked me to do things I am not comfortable with. | | | | | | |
| **WHAT HAVE YOU DONE TO TRY AND SUPPORT YOUR SITUATION?**  **WHAT DO YOU THINK WOULD SUPPORT IN FUTURE?** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Examples:**  I have been to LHO already for an assessment and have band A.  I have tried to look for a private rent but I don’t have a bond.  I have asked my mum if I can stay with her but she has refused because…  I would like support to speak to my housing officer about anti-social behaviour.  I think support looking for a private rent would help me.  I want support to continue living with my mum until I can find my own place. | | | | | | |
| **WHO IS IMPORTANT TO YOU? WHO SUPPORTS YOU AND WHAT DO THEY SUPPORT YOU WITH?** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Examples:**  I have a domestic abuse worker who has been working with me for 3 months and is helping me to try and stay safe. She has also helped with benefits issues since I moved into my new flat. My auntie is important to me as she lets me stay with her when things get bad with my mum. My social worker has been working with me and my son. She’s helping me with contact with my daughter’s father. | | | | | | |
| **Name of Person** | | | **Agency (if applicable)** | | | | | | | | | **Contact number/ email** | | | | **How long have they supported you?** | | | | | | | | |
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| **IS THERE ANYTHING ELSE YOU THINK OWL COULD SUPPORT YOU WITH?** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Examples:**  I need support with benefits and how I would budget my money if I did have my own tenancy.  Support with my mental wellbeing.  Support to build my confidence and get involved in the community.  Support to find work or get on a course. | | | | | | |
| **PROFESSIONAL REFERRER FURTHER INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Please add:**  Any additional risks/support needs and any information in relation to MARAC/MAPPA/child exploitation/ offending/arson/social care involvement. | | | | | | |
| **REFERRAL AGENCY DETAILS:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Self-referral:** | | Yes: | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer Name:** | |  | | | | | | | **Organisation:** | | | | | |  | | | | | | | | | |
| **Phone number:** | |  | | | | | | | **Email:** | | | | | |  | | | | | | | | | |
| **Address:** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **How long have you been working with the young person and what is your role?** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Would the young person like you to be invited to any assessment?** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Where did you hear about the service?** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **WHERE TO SEND COMPLETED REFERRAL:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** [**referrals@ourwayleeds.org.uk**](mailto:referrals@ourwayleeds.org.uk)  **If you require further assistance regarding this referral, please contact;**  **0113 391 8000** | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUALITIES AND DIVERSITY MONITORING** | | | | | | | | | | | | | | | | | | | | | | | | |
| OWL treats everyone fairly, with respect and without prejudice. Diverse means different. We are all different, therefore diversity includes us all. People requesting support will not be refused on the grounds of gender, ethnic origin, race, religion, sexuality, disability, appearance or health. To ensure that this policy is effective, we monitor our referrals according to the categories below.  **Completion of this form is voluntary, but it does help us provide a better service if this information is given.**  **Thank you.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **I WOULD DESCRIBE MY ETHNIC ORIGIN AS:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **White:** | | | | | British Irish Other Please State | | | | | | | | | | | | | | | | | | | |
| **Black or Black British:** | | | | | Caribbean African Other Please State | | | | | | | | | | | | | | | | | | | |
| **Asian:** | | | | | Indian Pakistani Bangladeshi  Chinese Other Please state: | | | | | | | | | | | | | | | | | | | |
| **Mixed:** | | | | | White and Black Caribbean White and Black African White and Asian  Other Please State: | | | | | | | | | | | | | | | | | | | |
| **Other:** | | | | | Please State: | | | | | | | | | | | | | | | | | | | |
| **Prefer not to answer:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **I WOULD DESCRIBE MYSELF AS:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disabled:** | | | | | No Yes Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| **Please state:**  **(Mental/Physical)** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **I WOULD DESCRIBE MY SEXUALITY AS:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual Gay Lesbian Bisexual Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | |
| **I WOULD DESCRIBE MY RELIGION AS:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian (All Denominations) Muslim Hindu Jewish Sikh Buddhist None/Atheist  Other, Please State: Prefer not to answer. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thank You** | | | | | | | | | | | | | | | | | | | | | | | | |