**Manchester Mental Health Referral Enquiry Form**

**Supported Accommodation**

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| 1. Details of person being referred |
| Name of person being referred:  |
| Date of Birth:  |
| National Insurance Number:  |
| Address:  |
| Contact Number:  |
| Email Address:  |
| Mental Health Diagnosis:  |
| Ethnicity:  |
| Gender:  |

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| 2. Who is making the referral |
| Name:  |
| Job Title:  |
| Agency:  |
| Contact Details:  |
| Email Address:  |
| Mobile Phone Number:  |
| If you are unavailable is there someone we can contact in your absence? |
| Contact Details:  |
| Email Address:  |
| Mobile Phone Number:  |

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| 3. Capacity |
| Does the person being referred have the capacity to understand and make decisions about their accommodation and support? | YES / NO |
| *If NO please detail below and provide relevant documentation of capacity* |

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| 4. Please give the reasons for making this referral(Please indicate current accommodation and support needs, please note here if the person has any rent arrears, restrictions to social re housing) |
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| 5. Does the person have allocated funded for their support and accommodation? (If not please state if this is in process or if they have no access to funding) |
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| 6. Is the referral for a specific service?(Please refer to brochure of services available, if yes please specify below) |
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| 7. If the referral is not for a specific service, what type of service are you making a referral to?(Consider for example: staffing levels to meet the individual’s needs, gender specific, culturally specific, geographical location, etc) |
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| 8. How urgent is the referral?Level 1 (Urgent) – for example the person is at risk in their current accommodation, homeless; the person is a delayed discharge from hospital etc.Level 2 (Standard) – for example the person is ready for move on from their current accommodation, their needs have changed but they are not at risk in their current accommodation, they wish to move nearer their family/social network etc. |
| Please state which level and why this is the case:  |

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| What we need from you: |
| Return this completed form to the email address below. Please ensure you share the privacy statement with the person referred. Attach a copy of an up to date Care Act Assessment If this is not available an up to date Support Plan and current Risk Assessment / Management Plans will be acceptable. Please note we will be unable to start the referral process if the above information is not submitted |
| PLEASE RETURN THIS FORM BY EMAIL TOmanchestermh.referrals@creativesupport.org.uk |