



**This Document is Strictly Private and Confidential and refers
solely to the person named below:-**

Name:

Date of Birth:

STRICTLY PRIVATE AND CONFIDENTIAL

Complete, Scan and eMail to our Tenancy Team at referral@aspireliving.org

Aspire Supported Living, No 7, The “3B” Business Village,
Alexandra Road, Handsworth, B21 0PD. Telephone – 0121 554 8007

1.0 Citizen Personal Information

This section should be completed in full for the proposed citizen by a representative of the referring agency. In all cases all information requested below is to be considered as mandatory and must be completed in full in order for Aspire Supported Living (ASL) to be able to progress the case and for a decision to be made as to the suitability of the citizen to be considered for an ASL supported housing solution.

Citizen Name (In Full):

Sex:

Date of Birth:

Contact Address:

Telephone:

eMail Address:

National Insurance Number:

Previous Residential Address:

Reason for Leaving:

GP Name:

GP Contact Details:

Next of Kin Name:

Next of Kin Telephone:

2.0 Referring Agency Details

In order to progress this referral to the next stage of the ASL supported housing system we will need to schedule a TPAS (Tenancy Pre-Assessment Session). This session is completed on a multi-agency approach, with citizen, agency and a member of the ASL team involved. In order to schedule this at an appropriate time we do need up to date contact details for the key team member involved with the referral.

Referring Agency:

Referring Officer / Staff Name:

Contact Number:

Contact eMail:

3.0 Summary of Citizens Benefits

It is important for us to be able to gain an understanding of the benefits currently being received by the citizen in order for us to be able to determine the suitability of them for an ASL supported housing solution. In as much detail as possible please list benefits being received (eg ESA, JSA etc), the amounts received and if possible the start date of the claim.

Existing Benefits # 1:

Existing Benefits # 2:

Existing Benefits # 3:

4.0 Medical Background and Advisory Notifications

In order to best assess and process this referral, in relation to the citizens suitability for an ASL supported housing solution, the following details should be completed in as much detail as possible to provide a full overview of the citizen. This section should be completed by the referring officer or staff of the referring agency.

Medical / Psychiatric History:

Known Risk Factors:

Current Medication:

5.0 External Agency Contact Information

With all referrals we endeavour to ensure all involved agencies are kept informed at all stages of the process. This multi-agency approach enables us to confirm that any offered ASL supported housing solution is correct and appropriate for the citizen.

Probation Officer Involved:

Probation Officer Contact:

Probation Officer Telephone:

Probation Officer eMail:

CPN Involved:

CPN Contact:

CPN Telephone:

CPN eMail:

Other External Agency Involved:

Other External Agency Contact:

Other External Agency Telephone:

Other External Agency eMail:

6.0 Confirmation / Reason for Referral

In order for us to progress this referral on behalf of the citizen we must ensure that they meet the requirements for an ASL supported housing solution. In as much detail as possible please confirm the reason for this referral and the circumstances that prevent them from accessing a home from any other sources, such as Private Landlord or the Local Authority eg ex-offender background, inability to fund deposit, mental health issues, limitation of suitable accommodation etc.

Statement of Confirmation

This section must be reviewed and signed by the referring agency and tenant prior to submission. Failure to complete this section will result in us being unable to process this referral to the next stage of the ASL supported housing process.

- ✓ In order to fully assess and progress this referral we may need to contact any involved agencies for information and in signing this document the citizen understands and authorises us to contact them as required.
- ✓ Submission of this referral in no way assures the citizen of the provision of a supported housing solution, and involvement in the subsequent stages of the process is required by both the referring agency and citizen.
- ✓ In making this referral the agency and citizen confirm that they (the citizen) is from a disadvantaged background, such as ex-offender, mental health, homeless or other similar position and that they are a) unable to access housing from other sources, and b) that they shall require support in order for them to be able to maintain their tenancy.

Citizen Name (In Full):

Citizen Signature:

Date:

Agency Team Member:

Agency Signature:

Date:

End.

Aspire Supported Living Use Only

Reviewed Date	Progress to TPAS ?	Reject Referral ?	Reviewed By