**Oxygen Routes Referral Form**

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| **Privacy Notice & Consent**  **(Please ensure that this section is completed before the referral is submitted)** | | |
| Applicant Consent:  You understand that in order for Oxygen Routes to address your housing and support needs, it is necessary for us to collect and retain certain personal data about you. This data is used solely for the purpose of providing the best service and individual support plan we are able to whilst still assuring the safety and security of all service users. It is essential for us to hold such data, and we require your consent to do so. You do have the right to withdraw this consent at any time, however this may result in limitations being placed on the level of support which Oxygen Routes is able to provide you with.  You give consent for the referrer to obtain and provide further information, some of which may be special category information regarding any criminal or social/medical history from relevant agencies regarding your support needs.  You understand that Oxygen Routes may seek further information appropriate to your application for support and give consent for relevant professionals to release information about these as is deemed necessary and appropriate to your application.  You have the right to request any data held concerning you. You can do this at any time, we will respond to these as soon as practical, the maximum period being 30 days. Your request does not need to be formal, but if you have ceased engaging with Oxygen Routes, we will ask for proof of identity. The data will be provided either in paper form, or in PDF form.  You have the right to raise concerns about the data we hold if you find any inaccuracy. Your request does not need to be formal, but if you have ceased engaging with Oxygen Routes, we will ask for proof of identity. We will rectify the data and provide you with evidence within 30 days.  Once you have ceased engaging with Oxygen Routes, you have ‘the right to be forgotten’ which entails us deleting the information we hold on you. We are unable to delete accounting information for 7 years under HMRC legislation. Your request does not need to be formal, but we will ask for proof of identity. All data is destroyed after 7 years even without a request.  I understand and consent to the above:  Signature …………….……………………………………………………………………………………. Date….…………………….  Applicant Print Name..................................................................................... | | |
| 1. **Personal Details of Applicant** | | |
| Name:  Mr/Mrs/Miss/Ms/Mx/Other (please specify)  *(Please circle/highlight)* | Date of Birth: | Age: |
| Address:  Post Code: | National Insurance No.: | |
| Phone Number:  Mobile Number: | Next of Kin:  Phone Number: | |

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| 1. **Equality & Diversity**   ***(Please provide details in the boxes below)*** | | | |
| Gender:  (e.g. Male/Female/Other – please specify) | Ethnicity:  (e.g White UK, White Irish, Black Caribbean, Pakistani, Bangladeshi, Other/Mixed – please specify) | Religion/Beliefs:  (e.g Christian, Buddhist, Jewish, Muslim, Sikh, No Religion, Other – please specify) | Disability:  (e.g Physical, Mental, Learning, Visual, Hearing, Other – please specify) |
| Sexual Orientation:  (e.g. Gay, Lesbian, Heterosexual, Bisexual, Other – please specify) | Marriage & Civil Partnership status: | First Language spoken:  (Interpreter required?) | Pregnancy & Maternity Status: |

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| 1. **Referrer Details** | |
| Referrer Name: | Agency/Organisation: |
| Job Title: | What is your relationship to the applicant? |
| Organisation Address:  Post code: | Contact Number(s):  Email address: |

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| 1. **ID and Income** | |
| **Is the applicant claiming benefits**  Yes / No  **Are you in the process of applying for any benefits or awaiting confirmation of a claim?**  Yes/No | **Does the applicant have a bank account?**  Yes / No |
| If yes, please tick which benefits the applicant is in receipt of:   * Housing Benefit * Disability Living Allowance * Personal Independence Payment (PIP) * Income Support * ESA ( Employment Support Allowance) * Universal Credit * Working Tax Credit * Pension Credits * Other - please specify: ………………………………………………………….… | |

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| 1. **Housing History** | | | | |
| **Date from** | **Date to** | **Address** | **Type of accommodation** | **Reason for leaving** |
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| 1. **Current Accommodation** | | | | | |
| Bed & Breakfast  Private Rented  Housing Association  Owner Occupier  Council Tenant |  | Prison  Hospital  Homeless  Hostel  Residential Home |  | Staying with family/friends  Sheltered Housing  Supported Housing  Detox / Rehab |  |
| Other (Please describe): | | | | | |
| Please describe any issues with current accommodation (e.g. Rent arrears, anti-social behaviour, eviction order, pests, damp etc.) | | | | | |

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| 1. **Support Needs** | | | |
| *This section is one of the most important as it helps us to understand how best we can support the applicant whilst residing with us and helps us to consider which of our properties would best support their rehabilitation.* | | | |
| **Support Need** | **X** | **Support Need** | **X** |
| Accommodation |  | Financial |  |
| Drug and Alcohol Misuse |  | Offending Behaviour / Criminal Justice |  |
| Mental Health |  | Benefits |  |
| Medical |  | Other (Please specify) |  |
| Please provide details relating to all of the need areas identified: | | | |
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| 1. **Other Agencies** | | |
| Please give details of any other agencies involved in the management and support of the applicant: | | |
| **Type of Agency** | **Support Worker name** | **Contact Details (email and/or telephone)** |
| Children’s Services/ Adult Social Care |  |  |
| Mental Health Worker/ CPN/ Psychiatrist |  |  |
| Counsellor |  |  |
| Drug / Alcohol Worker |  |  |
| Operational Partner |  |  |
| Voluntary/ Charity Organisation |  |  |
| Other: (detail below) |  |  |
| Other: (detail below) |  |  |
| Other: (detail below) |  |  |

**Please submit your completed Oxygen Routes referral form via email: routesreferral@druglink.ltd.uk**