

Pre-referral Checklist

North Kent Mind has developed the following checklist as a guide to check eligibility and suitability for our Supported Housing Service.

Referrals must meet the following criteria:

- They/You are 18+, single with no dependent children.
- Normally resident within the Kent Local Authorities for a minimum of 3 years. Or have a local connection (immediate family member) who has been living in the area for a minimum of 5 years. (Evidence of connection will be required). Unless a different local authority has committed, in writing, to rehouse them/you by the end of their/your 2-year tenancy.
- Has/Have a mental health diagnosis (or are currently seeking a diagnosis). Evidence of this will be required before acceptance.
- Their/Your **primary** need is mental health.
- Are not in acute or crisis mental health state at the time of referral.
- If they/You have a previous history of substance misuse, evidence will be needed to demonstrate management and abstinence, (minimum of 6 months)
- They/You are committed to following a recovery-focused support plan for your/their mental health and working with staff towards independent living within two years.
- They/You do not present a significant risk to others.
- The client/you is/are suitable for low level support (our service is 2 hours of support per week) they/you must be able to cope with day to day living skills.
- Our schemes do not have the provision for pets within their tenancy agreement.
- If there is a forensic history (i.e. Admitted for Psychiatric care), Evidence may be required.
- If they/you have a criminal record, information regarding this may be required.



Consent Agreement

If applying on someone else’s behalf this form is to be completed by the referrer for the applicant.

Referrers must obtain the following two types of consent from the applicant **prior** to completing this form.

Referrals without these consents will not be considered.

The referrer may sign /print consent on the applicant’s behalf with their prior permission, which must be confirmed by covering email or indicated in the box below.

North Kent Mind will at times contact applicants to check consent has been given.

I give consent for this referral to be made to North Kent Mind on my behalf.	YES / NO
I give my consent for information regarding my application to be treated in accordance with North Kent Mind Data Protection Policy and Procedure.	YES / NO
Signed by applicant:	
Print name of applicant:	
Date:	

Referral Documentation

Please tick the boxes and attach the following documents-

Clinical Risk Assessment (attached if available)	YES		NO	
Criminal History (attached if required)	YES		NO	
Do they/you have a current CPA?	YES		NO	
Mental Health diagnosis evidence attached	YES		NO	
Notes/comments				

Applicant Details

Full Name	
Pronouns (they /them, she/her, he/him etc.)	
Date Of Birth	
Current Address (Including postcode of where you are currently living)	
Usual Address (If different from above)	
Telephone Number	
Email Address	

NI Number	
NHS Number (this can be found on a medical letter, prescription, NHS app or via contacting your GP)	

Next of Kin or Emergency Contact

1. Name	
Contact Number	
Email	
2. Name	
Contact Number	
Email	

Gender

Male		Female		Non- Binary	
Other Please complete				Does not wish to disclose	

Ethnicity

Asian/Asian British: Bangladeshi		Mixed: White & Asian	
Asian/Asian British: Indian		Mixed: White & Black African	
Asian/Asian British: Pakistani		Mixed: White & Black Caribbean	
Asian/Asian British: Other		Mixed: Other	
Black/Black British: African		White: British	
Black/Black British: Caribbean		White: Irish	
Black/Black British: Other		White: other	
Chinese/Chinese British		Other:	

Gypsy/Irish traveller		Does not wish to disclose	
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Religion

Buddhist		Christian		Hindu	
Jewish		Muslim		Sikh	
None		Other:		Does not wish to disclose	

Sexuality

Bisexual		Gay/ Lesbian		Heterosexual	
Questioning		Other:		Does not wish to disclose	

Relationship Status

Single		Married		Civil partnership	
Divorced		Widowed		Cohabiting	
Does not wish to disclose					

Do you have a dependant/non-dependent child (Under the age of 18) that you regularly visits you?

Yes		No		Does not wish to disclose	
If yes please provide further information					

Are you ex-armed forces?

Yes		No		Does not wish to disclose	
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Economic Status

Full-time student		Full-time work > 24hrs/wk.		Part-time work < 24hrs/wk.	
Jobseeker		DWP employability programme		Not seeking work	
Other		Long-term sick/disabled		Retired	
Does not wish to disclose					

Are you a carer? (Do you look after, or give any help/support to family members, friends, neighbours, or others because of either: long-term physical or mental ill-health; or problems related to old age?)

Yes		No		Does not wish to disclose	
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Are you a care leaver?

Yes		No		Does not wish to disclose	
If yes, within which local authority were you cared for?					

Do you have a disability (as defined by the Equality Act 2010)?

Yes		No		Does not wish to disclose	
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If yes, please describe

Physical/mobility impairment		Sensory	
Mental health condition		Learning difficulty/disability	
Long-standing illness or health condition (e.g.		Other:	



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cancer, HIV, diabetes) please give details			
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If yes, are you in receipt of Disability Living Allowance?

Yes		No		Does not wish to disclose	
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Referrer Details (please complete if you are making this application on behalf of someone)

Name	
Email Address	
Postcode	
Contact Number	
Job Title	
Organisation	
How long have you known the person you are referring?	Years months
When was the last time you had contact with this person?	

(Please complete the below on if applying on behalf of someone)

Have the details of this service been discussed with the applicant.	YES	NO
Is it clear to them there is a 2-year plan to focus on their mental health recovery leading to living independently by the end of the period?	YES	NO
Does the client understand that they will need to engage in regular support sessions and commit to developing and participating in a support plan?	YES	NO

Reason for application

Do you have a primary mental health diagnosis from a professional? (please attach supporting documentation if available)

Yes	No	Awaiting
Which kind of professional made the mental health diagnosis? (i.e. GP, Psychiatrist)		
Summary of mental health and psychiatric history:		
Do you/they have a history of being sectioned? If so please give details		

Details of other diagnoses and who made them:
Current living situation:
Background information (family support, connections, bereavement, education and employment)

Medication if applicable

Name of medication	Dosage	What is it for?	How long have you/they been taking it?	Any side effects? Issues?	Able to manage medication independently? YES/NO?

Housing History for a minimum of 3 years

From	To	Type of accommodation (i.e. shared / self - contained and whether it was rented privately, owner occupied or social housing)	Name of provider (if applicable)	Town and Local Authority area	Reason for leaving (Including reasons for eviction)



Local Connection

To which of the following boroughs do you/the applicant have a recognized connection?

This normally means you/they have lived there for a minimum of 3 years or have immediate family living in the area for a minimum of 5 years.

PLEASE TICK ALL THAT APPLY

Dartford	
Gravesham	
Sevenoaks	

Which of the above areas is preferred? Please provide reasons:

Are there any areas you/they would not consider due to exclusions or safeguarding reasons such as domestic abuse? Please give the area and the reasons:

Do you/they have any physical disability, accessibility and/or additional needs to be considered in any offer of accommodation, such as floor level? If yes, please give details:

Please describe any physical or other adaptations which may be required to enable you/them to use or access this service (including any reasonable adjustments under the Disability Discrimination Act 1995)

Support Needs

Area of need	Brief details of required support
<p>Mental Health Management:</p> <p>How do you/they cope with your/their mental health?</p> <p>Are there any known triggers and coping mechanisms?</p>	
<p>Self-care/physical health:</p> <p>How they/you look after your/themselves. I.e. Personal care.</p>	
<p>Life skills:</p> <p>Are you/they able to take care of your/their own home and finances?</p>	
<p>Work and education:</p> <p>Do you/they take part in any work or learning activities?</p>	

<p>Identity and self-esteem:</p> <p>How do you/they able to cope in social situations? How confident do you/they feel in these situations?</p>	
<p>Relationships:</p> <p>Do they/you have someone that they/you feel they/you can trust and can share personal issues with? Are they/you able to distinguish between healthy and unhealthy relationships?</p>	
<p>Social networks:</p> <p>What support network do they/you have?</p>	
<p>Addictive behaviour:</p> <p>Do they/you use drugs or alcohol to cope with difficulties? Do they/you feel dependent on things such as gambling, food or exercise?</p>	
<p>Trust and hope:</p> <p>How do they/you see the future? Do they/you have positive expectations of what they/you can do with their/your life?</p>	

<p>Tenancy Sustainment: Please outline any other form of support they/you would need to maintain their tenancy.</p>	

North Kent Mind housing offers a low level of support for 2 hours per week. Could they/you envisage the need for this to be increased in the future?

Personal statement (for the applicant to complete in their own words, with referrer support as needed)

<p>How would living in a Supported Housing scheme make a difference to your mental health recovery?</p>	
<p>In what way does your mental health effect you daily?</p>	

How is your current housing situation affecting your mental health recovery journey?	
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Support network

GP details

GP name	
Surgery name	
Contact number	

Mental health services currently engaged.

Service name		Date started	
Service name		Date started	
Attendance at acute or crisis service in the last 12 months? Please give details.			

Consultant psychiatrist (or mental health professional responsible for care)

Name of professional	
Name of mental health unit	
Contact number	
Email address	

Social worker

Name	
Contact number	
Email address	

Community psychiatric nurse (CPN)

Name	
Contact number	

Email address	
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Probation officer

Name	
Contact number	
Email address	

Safeguarding and risk

Safety of self	Y (yes) N (no)	Present (P) Historical * (H) Never (N)	Likelihood Low, medium, or high	Severity low, medium, or high	Please give details below. *If historical please indicate if: 3-6, 6-9, 9-12, 12-18 or 18-24 months ago
Has anyone ever exploited them /you financially? (e.g. lack of control of own finances, other people taking their money)					
Has anyone ever emotionally/sexually exploited them/you in anyway? (e.g. excessive criticism, emotional neglect or control, sexual abuse, prostitution)					
Has anyone physically harmed them/you in any way on a regular basis? (e.g. violence or coercive behaviour)					

by others, confinement)					
Do they/you have ever not taken care of them/yourself for a prolonged period? Hygiene/diet/exercise (e.g. over/underweight, personal hygiene, excessive or inadequate exercise, poor diet)					
Do they/you have any difficult with memory?					
Have they/you ever self-harmed before? (e.g. through cutting, overdose, physically causing pain to self)					
Have they/you ever attempted suicide or experienced suicidal ideation/thoughts?					
Have they/you ever been on the Child Protection Register?					

<p>Have you/they been subject to MAPPAs, MARAC or safeguarding?</p> <p>*Multi Agency Public Protection Arrangements.</p> <p>*Multi Agency Risk assessment Conference.</p>					
<p>Safety of others</p>	<p>Y (yes) N (no)</p>	<p>Present (P) Historical * (H) Never (N)</p>	<p>Likelihood: Low, medium, or high</p>	<p>Severity: Low, medium, or high</p>	<p>Please give details below.</p> <p>*If historical please indicate if: 3-6, 6-9, 9-12, 12-18 or 18-24 months ago</p>
<p>Have they/you ever been involved with the police or committed an offence? (e.g. ASBOs, court orders, cautions, convictions)</p>					
<p>Have they/you ever committed arson?</p>					
<p>Are they/you on the Sex Offenders Register?</p>					
<p>Are they/you known to be verbally or emotionally hostile towards others? (e.g. abusive language, excessive</p>					

criticism, shouting, manipulation)					
Have they/you ever been physically hostile towards others? (e.g. violence, harassment)					
Have they/you ever exploited or harmed someone else? (e.g. sexual, emotional, physical, emotional)					
Have they/you ever purposely damaged property? (e.g. arson, graffiti, breaking building or furniture, other non-police involvement)					
Mental health – do they/you experience any of the following?	Y (yes) N (no)	Present (P) Historical * (H) Never (N)	Likelihood: Low, medium, or high	Severity : Low, medium, or high	Please give details below. *If historical please indicate if: 3-6, 6-9, 9-12, 12-18 or 18-24 months ago
Depression (e.g. low mood, lethargy, sleep disturbance, slowed movements)					
Anxiety (e.g. OCD, agoraphobia, panic attacks)					
Hallucinations (e.g. unusual auditory/visual/tactile/					

olfactory perceptions)					
Paranoia/delusions (e.g. fear of others trying to harm you, disjointed view of the world)					
Mood swings (e.g. anger, mania with labile mood, unpredictable manner, bipolar disorder)					
Substance use	Y (yes) N (no)	Present (P) Historical * (H) Never (N)	Likelihood: Low, medium, or high	Severity : Low, medium, or high	Please give details below. *If historical please indicate if: 3-6, 6-9, 9-12, 12-18 or 18-24 months ago
Have they/you ever misused alcohol or drugs? (List type in details column e.g. beer/spirits/cannabis/ crack cocaine/heroin/ amphetamines etc.)					

Any other information

Please provide details below of any other significant issues that we should be aware of that have not already been disclosed and might affect this application.

Statement by referrer/applicant

I declare that that all relevant information has been included in the above statements and that all relevant and current documentation is attached in support of this application.
Signed by referrer/applicant.
Print name:
Date:

To make your referral, please send by secure email to supportedhousing@northkentmind.co.uk



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Please attach any relevant evidence i.e. (*proof of local connection, benefits, and any documentation regarding diagnosis*)