



Prefer Homes  
 54 Yarm Road  
 Stockton-on-Tees  
 TS18 3PQ  
[preferhomes@gmail.com](mailto:preferhomes@gmail.com)  
 01642 656499

## Prefer Homes Referral Form

### Details of the referrer:

Full name:			
Job title:			
Agency:			
Contact details:	Address:		
			Postcode:
		Email address:	
	Phone number(s):		

### Details of the young person:

First name:			
Middle name(s):			
Surname:			
Any other names used:			
Date of birth:			
Place of birth:			
Current Address:			
			Postcode:
Length of time at address:			
Contact details:	Phone number:		
	Email:		
National Insurance Number:			

1 Please complete all pages of this referral, to prevent any delays in the referral process.

LCS / Social Care Ref:	
Ethnicity:	
Nationality:	
Religion:	
Sexuality:	

**Additional details of the young person:**

Next of Kin – Please include all details requested	Name:	
	Relationship to young person:	
	Address:	
		Postcode:
Contact number:		
Mother's details (if different from Next of Kin)	Name:	
	Address:	
		Postcode:
	Contact number(s):	
Email address:		
Father's details (if different from Next of Kin)	Name:	
	Address:	
		Postcode:
	Contact number(s):	
Email address:		
Siblings:		

Previous addresses and reason for leaving:		Reason for leaving:
		Reason for leaving:
		Reason for leaving:
		Reason for leaving:
		Reason for leaving:

**Other agencies involved:**

<b>Social Services:</b>	Name:	
	Contact Details:	
	Address:	
<b>Youth Offending Services:</b>	Name:	
	Contact Details:	
	Address:	
<b>Drug and Alcohol Services:</b>	Name:	
	Contact Details:	
	Address:	
<b>Mental Health Services:</b>	Name:	
	Contact Details:	
	Address:	
<b>School/College:</b>	Name:	
	Contact Details:	
	Address:	

<b>GP Surgery:</b>	Name:	
	Contact Details:	
	Address:	
<b>Dentist:</b>	Name:	
	Contact Details:	
	Address:	
<b>Other – please give as much information as possible – if needed, please use the additional information section:</b>		

**Health issues:**

Physical health issues:	
Mental health issues:	
Prescribed medication (please give details of dosage and frequency):	
Substance Misuse (please list past and present, including details of the substance):	

Is the young person accessing any support services or are they on any treatment programme? If yes, please give details.	
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**Care Order:**

Details of the care order:	
Date it was put into place:	
Date it is due to end:	

**Offending History**

Is there any history of any of the following? If yes, please expand and give more details in the details box provided.

Arson	Yes	No
Sexual Offences	Yes	No
Violence/Aggression	Yes	No
PPO	Yes	No
ASBO's	Yes	No
Details (please include dates of convictions in this box if you have answered yes to any of the above):		

Please list all past offending history – most recent first  
**\*\*Please highlight all high risk offences in bold or in colour\*\***

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Outstanding fines	Yes	No
	Details:	

Outstanding Warrants	Yes	No
	Details:	

Outstanding Court Orders	Yes	No
	Details:	

Outstanding Court Appearances	Yes	No
	Details:	



## Support

What support needs have been identified?

What support package do you feel the young person needs at this time?



## Authorisation and Consent

I confirm that the information contained in this document is true and includes all relevant information required to correctly assess this referral.			
Signed: <i>(Applicant)</i>		Date:	
Signed: <i>(Referral Agency)</i>		Date:	
If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal authorisation: <input type="checkbox"/>			
<p><i>Under the Data Protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.</i></p> <p>I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Children's Services, Police, Youth Offending Services, Leaving Care teams, benefits agencies and housing benefit offices.</p> <p><b>I understand that this information will only be made available to all providers/organisations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation.</b></p>			
Signed: <i>(Applicant)</i>		Date:	
If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal consent: <input type="checkbox"/>			

**Next steps: Send by email to: [preferhomes@gmail.com](mailto:preferhomes@gmail.com) (please password protect this document)**

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