



# SAFE HAVEN WOMEN'S HOUSING

## Supported Accommodation Referral Form

For women requiring safe, trauma-informed supported accommodation due to domestic abuse, homelessness risk, refuge move-on, safeguarding concerns or other vulnerability. Complete all relevant sections to support safe assessment and placement.

<b>Document version / date</b>	<b>Referral return email</b>
<b>Telephone contact</b>	<b>Office use reference</b>

Important: If there is an immediate risk to life, call 999 before submitting this referral. Do not disclose any confidential accommodation address without authorisation.

### 1. Referrer and organisation details

Organisation name	Service / team / department
Referrer full name	Job title / role
Email address	Direct telephone number
Out-of-hours contact number	Relationship to client / reason for involvement

### 2. Referral urgency and safe contact

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency - same day placement requested | <input type="checkbox"/> Urgent - within 24 hours  |
| <input type="checkbox"/> Priority - within 72 hours               | <input type="checkbox"/> Standard referral         |
| <input type="checkbox"/> Client can be contacted directly         | <input type="checkbox"/> Contact via referrer only |
| <input type="checkbox"/> Safe to leave voicemail                  | <input type="checkbox"/> Do not leave voicemail    |

#### Urgency reason and immediate safety instructions


### 3. Client identity and basic details

Client full name	Preferred name
Date of birth	Age
National Insurance number if known	Current address / location
Safe contact number	Safe email address
Preferred language	Interpreter required

- |                                   |                                       |   |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Female   | <input type="checkbox"/> Trans woman  | <input type="checkbox"/> Non-binary - discuss suitability |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Has children | <input type="checkbox"/> No children disclosed            |

### 4. Current housing and homelessness status

- |   |   |
|---|---|
| <input type="checkbox"/> Currently fleeing domestic abuse | <input type="checkbox"/> Currently in refuge              |
| <input type="checkbox"/> Temporary accommodation          | <input type="checkbox"/> Sofa surfing / family or friends |
| <input type="checkbox"/> Street homeless                  | <input type="checkbox"/> Hospital discharge risk          |
| <input type="checkbox"/> Leaving prison / custody         | <input type="checkbox"/> At risk of eviction              |
| <input type="checkbox"/> Unsafe to return home            | <input type="checkbox"/> Other                            |

**Current accommodation situation and why placement is required**


**5. Primary reason for referral**

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic abuse              | <input type="checkbox"/> Coercive control           |
| <input type="checkbox"/> Honour-based abuse risk     | <input type="checkbox"/> Forced marriage risk       |
| <input type="checkbox"/> Stalking / harassment       | <input type="checkbox"/> Sexual violence            |
| <input type="checkbox"/> Refuge move-on              | <input type="checkbox"/> Homelessness prevention    |
| <input type="checkbox"/> Mental health vulnerability | <input type="checkbox"/> Prison leaver resettlement |
| <input type="checkbox"/> Complex needs               | <input type="checkbox"/> Other                      |

**Brief summary of circumstances leading to referral**


**6. Domestic abuse and perpetrator risk****Known perpetrator name(s) if safe to disclose**

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**Relationship to client**

--

**Is perpetrator aware of current location?**

--

**Non-molestation / restraining order?**

--

**Police incident number / crime reference**

--

- |   |  |
|---|--|
| <input type="checkbox"/> Physical abuse                   | <input type="checkbox"/> Emotional abuse                   |
| <input type="checkbox"/> Financial abuse                  | <input type="checkbox"/> Sexual abuse                      |
| <input type="checkbox"/> Coercive control                 | <input type="checkbox"/> Threats to kill                   |
| <input type="checkbox"/> Stalking / tracking              | <input type="checkbox"/> Online abuse                      |
| <input type="checkbox"/> Weapon use threatened            | <input type="checkbox"/> Perpetrator has access to vehicle |
| <input type="checkbox"/> Perpetrator knows family/friends | <input type="checkbox"/> High risk of location discovery   |

**Domestic abuse risk details, exclusion zones and location restrictions**


**7. Safeguarding and multi-agency involvement**

- |  |  |
|--|--|
| <input type="checkbox"/> MARAC referral made               | <input type="checkbox"/> MARAC pending                     |
| <input type="checkbox"/> MARAC not known                   | <input type="checkbox"/> Police involved                   |
| <input type="checkbox"/> Social care involved              | <input type="checkbox"/> Children services involved        |
| <input type="checkbox"/> IDVA involved                     | <input type="checkbox"/> Probation involved                |
| <input type="checkbox"/> NHS / mental health team involved | <input type="checkbox"/> Solicitor / family court involved |

<b>Lead professional / key worker</b>	<b>Agency and contact details</b>
<b>Safeguarding concerns for adults</b>	<b>Safeguarding concerns for children</b>

**Safeguarding summary and current safety plan**


**8. Children, pregnancy and family considerations**

<b>Number of children</b>	<b>Children living with client?</b>
<b>Children visiting?</b>	<b>Pregnancy due date if applicable</b>
<b>School / nursery considerations</b>	<b>Children services worker contact</b>

- |  |   |
|--|---|
| <input type="checkbox"/> Mother and child accommodation required | <input type="checkbox"/> Women-only shared accommodation required |
| <input type="checkbox"/> No children to be housed                | <input type="checkbox"/> Contact arrangements need consideration  |

**Child-related safeguarding information and accommodation requirements**


## 9. Health and physical wellbeing

<b>GP registered?</b>	<b>GP surgery if known</b>
<b>Physical health conditions</b>	<b>Medication requirements</b>
<b>Mobility / disability needs</b>	<b>Allergies or medical alerts</b>

- |   |   |
|---|---|
| <input type="checkbox"/> Accessible room required       | <input type="checkbox"/> Ground floor required        |
| <input type="checkbox"/> Medication storage needed      | <input type="checkbox"/> Regular medical appointments |
| <input type="checkbox"/> No known physical health needs |   |

### Further health information


## 10. Mental health, trauma and emotional wellbeing

- |   |   |
|---|---|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Depression                   |
| <input type="checkbox"/> PTSD / trauma symptoms         | <input type="checkbox"/> Self-harm history            |
| <input type="checkbox"/> Suicidal ideation              | <input type="checkbox"/> Psychosis history            |
| <input type="checkbox"/> Personality disorder diagnosis | <input type="checkbox"/> Eating disorder              |
| <input type="checkbox"/> Learning difficulty            | <input type="checkbox"/> Neurodiversity               |
| <input type="checkbox"/> Currently under CMHT           | <input type="checkbox"/> No known mental health needs |

<b>Current mental health worker / team</b>	<b>Crisis plan in place?</b>
<b>Current risk to self</b>	<b>Current risk to others</b>

### Mental health risks, triggers and support required


## 11. Substance use and recovery needs

- |   |  |
|---|--|
| <input type="checkbox"/> No substance use disclosed     | <input type="checkbox"/> Alcohol use               |
| <input type="checkbox"/> Cannabis use                   | <input type="checkbox"/> Class A substance use     |
| <input type="checkbox"/> Prescription medication misuse | <input type="checkbox"/> In recovery               |
| <input type="checkbox"/> Currently in treatment         | <input type="checkbox"/> Requires recovery support |
| <input type="checkbox"/> Risk of relapse                | <input type="checkbox"/> Needle use disclosed      |

<b>Substance misuse service involved</b>
<b>Testing or treatment requirements</b>
<b>Current risk level</b>
<b>Substance use summary and impact on shared living</b>

## 12. Offending, legal status and probation

- |   |   |
|---|---|
| <input type="checkbox"/> No offending history disclosed | <input type="checkbox"/> Previous conviction(s) |
| <input type="checkbox"/> Current charges pending        | <input type="checkbox"/> On licence             |
| <input type="checkbox"/> Probation supervision          | <input type="checkbox"/> MAPPA involvement      |
| <input type="checkbox"/> Restraining order in place     | <input type="checkbox"/> Bail conditions        |
| <input type="checkbox"/> Curfew / tag                   | <input type="checkbox"/> Arson risk             |
| <input type="checkbox"/> Violence risk                  | <input type="checkbox"/> Sexual offence risk    |

<b>Probation officer name</b>	<b>Probation contact details</b>
<b>Licence conditions / restrictions</b>	<b>Exclusion zones</b>
<b>Offending history, risk details and suitability considerations</b>	

## 13. Benefits, income and housing eligibility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Universal Credit          | <input type="checkbox"/> Housing Benefit     | <input type="checkbox"/> PIP                    |
| <input type="checkbox"/> ESA                       | <input type="checkbox"/> JSA                 | <input type="checkbox"/> No income              |
| <input type="checkbox"/> Employed                  | <input type="checkbox"/> Bank account active | <input type="checkbox"/> ID documents available |
| <input type="checkbox"/> Requires benefits support | <input type="checkbox"/> Rent arrears        | <input type="checkbox"/> Debt concerns          |

<b>Current benefit status</b>	<b>Local authority homeless application status</b>
<b>Eligible for Housing Benefit / UC housing costs?</b>	<b>NRPF / immigration restrictions known?</b>

**Financial issues or documents required**


**14. Support needs and proposed support level**

- |   |  |
|---|--|
| <input type="checkbox"/> Safety planning          | <input type="checkbox"/> Domestic abuse support  |
| <input type="checkbox"/> Benefits support         | <input type="checkbox"/> Housing sustainment     |
| <input type="checkbox"/> Budgeting                | <input type="checkbox"/> Life skills             |
| <input type="checkbox"/> Emotional wellbeing      | <input type="checkbox"/> Move-on planning        |
| <input type="checkbox"/> Employment / training    | <input type="checkbox"/> Education support       |
| <input type="checkbox"/> Family court signposting | <input type="checkbox"/> Immigration signposting |
| <input type="checkbox"/> Probation compliance     | <input type="checkbox"/> Recovery support        |

<b>Recommended support level - low / medium / high</b>	<b>Frequency of support required</b>
<b>Known engagement issues</b>	<b>Preferred support style</b>
<b>Support needs summary and outcomes sought</b>	

**15. Accommodation requirements and location risk**

<b>Preferred area</b>	<b>Areas to avoid</b>
<b>Reason for location restrictions</b>	<b>Room type required</b>
<b>En-suite required?</b>	<b>Ground floor required?</b>
<b>Pets / assistance animal</b>	<b>Expected length of stay</b>

- |  |   |
|--|---|
| <input type="checkbox"/> Women-only accommodation required | <input type="checkbox"/> Confidential address essential |
| <input type="checkbox"/> No visitor access recommended     | <input type="checkbox"/> Client can use shared kitchen  |
| <input type="checkbox"/> Client suitable for shared lounge | <input type="checkbox"/> Single occupancy only          |
| <input type="checkbox"/> Couples not suitable              | <input type="checkbox"/> Other special requirements     |

**Additional property matching requirements**


**16. Suitability for shared supported accommodation**

- |  |   |
|--|---|
| <input type="checkbox"/> Can live safely in shared accommodation | <input type="checkbox"/> Can manage basic self-care       |
| <input type="checkbox"/> Can follow house rules                  | <input type="checkbox"/> Can engage with support          |
| <input type="checkbox"/> No known risk to other residents        | <input type="checkbox"/> May need increased monitoring    |
| <input type="checkbox"/> Not suitable for shared housing         | <input type="checkbox"/> Further risk assessment required |

**Behavioural concerns, triggers, previous placement breakdowns or tenancy issues**


**17. Equality, cultural and communication needs**

- |   |  |
|---|--|
| <input type="checkbox"/> Interpreter required         | <input type="checkbox"/> Faith-sensitive support requested |
| <input type="checkbox"/> Cultural considerations      | <input type="checkbox"/> Female staff required             |
| <input type="checkbox"/> Disability adjustments       | <input type="checkbox"/> Literacy support                  |
| <input type="checkbox"/> Digital access support       | <input type="checkbox"/> Dietary requirements              |
| <input type="checkbox"/> LGBTQ+ safety considerations | <input type="checkbox"/> No specific needs disclosed       |

**Details of equality, access, faith, culture or communication needs**


**18. Consent, information sharing and GDPR declaration**

The client must understand that information provided on this form will be used to assess accommodation suitability, manage safeguarding risk, plan support and communicate with relevant agencies. Information should only be shared where there is consent, a lawful basis, safeguarding requirement, contractual requirement or vital interest.

- |   |  |
|---|--|
| <input type="checkbox"/> Client consent obtained                | <input type="checkbox"/> Client consent not obtained - safeguarding reason |
| <input type="checkbox"/> Client understands purpose of referral | <input type="checkbox"/> Client agrees to agency contact                   |
| <input type="checkbox"/> Client agrees to support assessment    | <input type="checkbox"/> Client agrees to housing benefit / UC support     |

**Client signature where available**

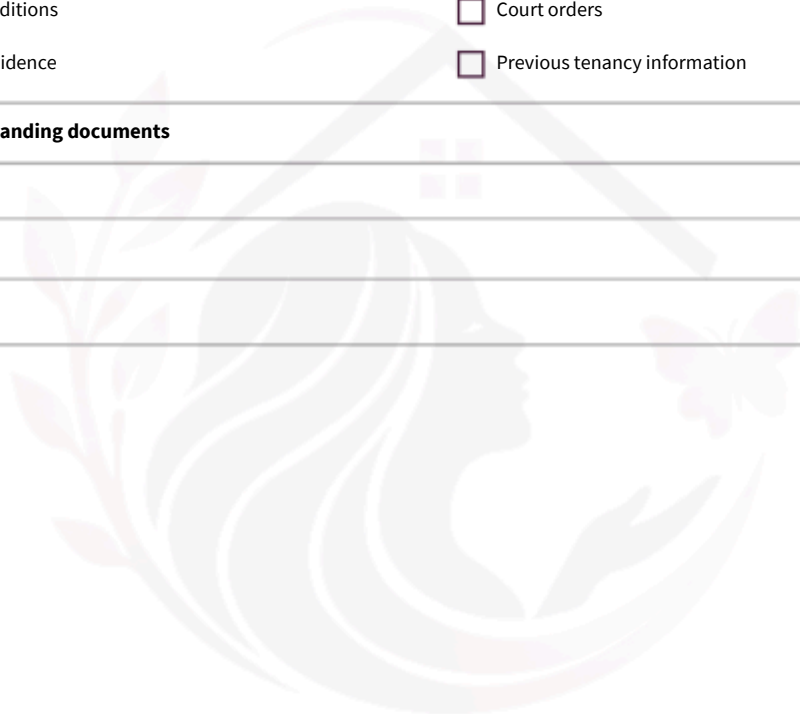
--

Date
Referrer declaration name
Referrer signature
Date submitted

**19. Documents to attach where available**

- |  |  |
|--|--|
| <input type="checkbox"/> ID document                   | <input type="checkbox"/> Proof of benefits / UC journal  |
| <input type="checkbox"/> Homeless application evidence | <input type="checkbox"/> Risk assessment                 |
| <input type="checkbox"/> MARAC summary                 | <input type="checkbox"/> Police reference                |
| <input type="checkbox"/> Support plan                  | <input type="checkbox"/> Medical / mental health summary |
| <input type="checkbox"/> Probation licence conditions  | <input type="checkbox"/> Court orders                    |
| <input type="checkbox"/> Immigration status evidence   | <input type="checkbox"/> Previous tenancy information    |

**Documents attached / outstanding documents**

**SAFE HAVEN INTERNAL USE ONLY**

This page is for Safe Haven staff only. It records triage, risk scoring, placement decision and audit trail. It should not be completed by external referrers.

**20. Initial triage risk scoring**

Risk area	Low - 1	Medium - 2	High - 3
Domestic abuse risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared living suitability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggested guide: 7-10 low risk, 11-16 medium risk, 17-21 high risk. Final decision must consider professional judgement, safeguarding and property suitability.

**21. Placement decision**

- Accepted
  Accepted with conditions
  Further information required
  Declined - unsuitable
  Declined - no vacancy
  Escalate to safeguarding lead

<b>Decision maker name</b>	<b>Role</b>
<b>Date decision made</b>	<b>Allocated property</b>
<b>Room number</b>	<b>Move-in date</b>
<b>Support worker allocated</b>	<b>Review date</b>

**22. Anti Social Behavior**

- Gambling
  Homelessness
  Medication
  Self Neglect
  Mental Health
  Physical Health
  Suicide Attempt
  Personal Hygiene

**Decision rationale and conditions of acceptance**


**23. Move-in checklist**

- |   |   |
|---|---|
| <input type="checkbox"/> Room ready                             | <input type="checkbox"/> Welcome pack prepared          |
| <input type="checkbox"/> Licence / occupancy agreement prepared | <input type="checkbox"/> House rules issued             |
| <input type="checkbox"/> Fire safety briefing completed         | <input type="checkbox"/> Emergency contacts recorded    |
| <input type="checkbox"/> Support plan booked                    | <input type="checkbox"/> Benefits appointment booked    |
| <input type="checkbox"/> GP registration discussed              | <input type="checkbox"/> Risk assessment uploaded       |
| <input type="checkbox"/> Incident log created                   | <input type="checkbox"/> Confidential address explained |

**24. Final internal authorisation**

<b>Manager / safeguarding lead name</b>	<b>Signature</b>
<b>Date</b>	<b>Review required?</b>