



Referral Form

Daystop Referral

Nightstop Referral

Supported Lodgings Referral

REFERRER DETAILS

Referrer's Name

Contact Number

Agency

In what capacity do you know the applicant?

APPLICANT DETAILS

Resident's Name

Date of Birth

Contact Number

Gender

Sexuality

Ethnicity

Religion

Pet allergies / Animal preference

Other allergies / Dietary Requirements

Live benefit claim: Yes No Benefit type

Why does the applicant require Supported Lodgings?

Is the applicant in employment, education or training? Yes No

If yes, please provide details



RISK ASSESSMENT

Please answer the following	Yes	No	If yes, please give more details
Does the applicant have any medical conditions?			
Has the applicant been convicted of any crime or been involved in criminal activity?			
Does the applicant have a YOT worker?			
Has the applicant ever misused alcohol?			
Has the applicant ever misused drugs?			
Are you aware of any anti-social behaviour?			
Does the applicant have any mental health issues?			
Has the applicant ever attempted/threatened suicide or self-harmed?			
Does the applicant have any problems with reliability?			
Does the applicant have any problems handling money?			
Does the applicant have any problems meeting people?			
Has the applicant even been charged/involved in Arson?			
Is the applicant at risk from other people?			
Does the applicant pose a risk to themselves?			
Does the applicant pose a risk to others?			
Does the applicant pose a risk to property?			
Has the applicant ever harmed other people or animals?			
Has the applicant ever been reported to the Police as missing or failed to return home on time?			
Has the applicant ever been the victim of abuse?			

ADDITIONAL INFORMATION

Please describe below any specific concerns or significant information relating to the applicant

Please describe a list of known acquaintances and/ or locations the applicant regularly visits

HOST SELECTION

This Project places Young People in the homes of Host families, these homes sometimes include children and pets. Unless stated below, by completing this form you are stating that, in your opinion, this Young Person is suitable to be placed in such family environments.

If family homes are not deemed appropriate, or if YMCA Black Country Group needs to avoid placements in particular areas or with particular individuals, please advise us of the circumstances and reasons below, so that we can take this information into account when matching with a Host.

DISCLAIMER / LIABILITY FOR LOSS AND PAYMENT INFORMATION

By signing this disclaimer you are confirming that all information provided on this form is correct and no material facts have been withheld. In the event that adverse information is later discovered, which has not previously been explained to YMCA Black Country Group, then YMCA Black Country Group reserve the right to end the placement with immediate effect. Additionally, in these circumstances, the referring agency may be liable for covering the cost of supported lodgings and self-rent payments if young person is not in receipt of any benefits. You may also be liable for any cost incurred by the Host in respect of damage or loss. Invoices are issued weekly.

WE ARE UNABLE TO PROCEED WITH THE PLACEMENT UNTIL THIS DECLARATION IS RETURNED, A PURCHASE ORDER NUMBER AND INVOICE DETAILS ARE GIVEN

Signed Referrer

Date

Purchase Order Number	Invoice Address	Payment By



YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.