

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)
Devon Home Choice Move-on Panel Referral Form
CHECKLIST**

Before submitting this form please confirm the following and submit this checklist with the form.

Referral forms will be returned if any of the statements in the checklist has not been ticked or any question in the form has not been answered.

Please Tick

We have read the Devon Home Choice Move-on panel procedure and are happy for a referral to be made

We have included a detailed report explaining what support has been given to the client

We have attached the client's last review form including the support plan with this referral form

All sections of the Referral form, including the risk assessment

We have attached a completed income and expenditure spreadsheet to provide details of the clients income and expenditure

We have included any appropriate supporting letters

We have provided evidence of searches in the private rented sector

We have clearly explained the move-on process to the client

If we aren't able to offer move-on support, we have found another provider who can offer this

The client is registered with Devon Home Choice or has recently submitted a fully completed application. Their application provides full details of their 5 year address history and clearly explains any gaps in settled accommodation.

Has your client saved money to cover rent in advance required by most social landlords?

Does your client have access to a rent deposit scheme, which has been Confirmed as being able to assist?

Has a referral been made in the past for the client?

 Yes/ No

If yes, when?

Who made the initial referral into the supported accommodation?

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

Client Details:

Name:

Other names client known by:

Date of Birth:

Devon Home Choice Ref No.
(if already registered):

Address (including postcode):

Date moved into supported accommodation: **Note** – please provide details and dates of previous placements where there have been moves but no break in care/support provision.

Details of the person/ organisation making the referral:

Name:

Position:

Organisation:

Address including postcode
(If different to client's address)

Telephone No:

Email:

Where the above is not the supported accommodation/ care provider, please ensure that the following is also completed.

Supported Accommodation
Provider:

Address including postcode
(If different to client's address)

Telephone No:

Email:

Devon Home Choice

Procedures Manual version 11.6 (18th December 2024)

Please provide details of the client's ability to maintain a tenancy. For example, to manage rent payments, utilities payments, manage self-care, engage with appropriate support, manage visitors and relationships with neighbours in accordance with tenancy conditions.

Does your client have a bank account?

Yes / No

If No, please explain why not:

Have there been any issues with your client's ability to maintain benefit claims?

Yes / No

If Yes, please explain:

Has your client been evicted from any accommodation in the last 5 years?

Yes / No

If Yes, please explain why your client was evicted, what have they learnt from this experience and what has changed in their behaviour:

Provide further details of the clients last settled address over and above the information provided on the Devon Home Choice application form, and the reasons for leaving that accommodation

Does your client have a clear rent account?

Yes /
No

If No, please detail how much rent is outstanding and what arrangements have been put in place to repay arrears, when the arrangement was put in place, how it has been maintained and how the arrears arose.

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

Does your client have a personal contribution?

Yes /
No

If Yes, please detail the reasons for the personal contribution (i.e. working, service charge).

Are there any rechargeable repairs due to your client?

Yes / No

If Yes, please detail:

Are there any current reports of your client being involved in anti-social behaviour?

Yes / No

If Yes, please detail:

Is your client is engaged in meaningful occupation (e.g. participating in education, going to work, volunteering, socialising with friends, belonging to a group, participating in hobbies)? If Yes, please describe this below. Please note that this will not form part of the decision of whether to accept or reject the referral.

Yes / No

If Yes, please detail:

Is your client working with other support agencies?

Yes / No

If Yes, please list all of the support agencies currently working with your client.

Does your client have ongoing support needs when moving on from supported accommodation?

Yes /
No

If Yes, please provide details together with information on what will be done to put such support in place

Devon Home Choice

Procedures Manual version 11.6 (18th December 2024)

Please provide details of all move-on options considered for your client.

The Devon Home Choice Move-on Panel is designed as a last resort to providing Move-on. Demand for social housing far exceeds the number of homes available. It is vital therefore that all housing options have been considered before this referral is completed. Please detail what efforts have been made to secure your client with alternative housing and why they weren't successful or appropriate. This should include private rented accommodation, a lower supported accommodation or a return to the family home.

Further Information: Is there anything further that you would like the Panel to consider before we make a decision about the outcome of this referral?

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

Risk Assessment

Please provide details of any known risks for public or personal safety.

Has your client been referred to MARAC (Multi Agency Risk Assessment Council) as a victim or perpetrator of Domestic abuse?

| |
|----------|
| Yes / No |
|----------|

| |
|---------------------------------|
| If Yes, please provide details. |
|---------------------------------|

If you answer Yes to any questions please provide further information.

| Risk | Yes | No | Don't Know | Further Info |
|---|-----|----|------------|--------------|
| Risk to self | | | | |
| Current suicidal thoughts | | | | |
| Current self-harm | | | | |
| Previous suicide attempt | | | | |
| Previous self-harm | | | | |
| Failure to seek medical attention | | | | |
| Risk to others | | | | |
| Threatening or abusive behaviour | | | | |
| Expressing intent to harm others | | | | |
| Previous history of abusing others | | | | |
| Associates or pets known to be aggressive | | | | |
| Known to carry weapons | | | | |
| Risk from others | | | | |
| Abuse by family members | | | | |
| Financial risk | | | | |
| Vulnerability | | | | |
| Poor awareness of personal safety | | | | |

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

Notes:

- If previous convictions include arson, violence or sex-offences, reference should be made to the progress achieved since the offences were committed.
- If a client is on the sex offenders register or is subject to MAPPA status it is essential that we are given guidance around risks posed by a client

| Risk | Yes | No | Don't Know | Further Info |
|---------------------------------------|-----|----|------------|--------------|
| Offending History | | | | |
| Violent offending history | | | | |
| Sexual offending history | | | | |
| Arson convictions | | | | |
| Drug related convictions | | | | |
| Anti-Social Behaviour | | | | |
| Risk to Property | | | | |
| Arson | | | | |
| Criminal damage or damage to property | | | | |
| Anti-social behaviour | | | | |

Additional information:

Income & Expenditure

Please complete an income and expenditure spreadsheet to provide details of your client's income and expenditure and attach a copy of the completed spreadsheet to this form.

An income and expenditure spreadsheet is available from the local authority housing teams in Devon.

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

Declaration to be signed by the client

I confirm that:

- The Devon Home Choice policy and procedures for moving on from supported accommodation have been explained to me

- I understand what has been explained

- I understand that a council or housing association home is not the only option that will be considered by the Devon Home Choice Move-On Panel

I agree to the information on this referral form and other relevant details (such as the information on my Devon Home Choice application form), being passed to members of the Devon Home Choice Move-on Panel

I agree to the information on this referral form and other relevant details (such as the information on my Devon Home Choice application form), being passed to local authorities or housing associations who may be able to offer accommodation.

I understand that the Privacy Notice on the Devon Home Choice website explains how my personal data will be used.

Signed Client:

Date:

Declaration to be completed by the person making the referral

I confirm that the information I have given in this referral form and checklist is true, to the best of my knowledge. I will notify the local authority of any changes in circumstances that may affect this application. I understand that any false or misleading statement may mean that my referral is rejected without right of appeal.

Name

Signed

Date **Length of time you have known client**

Where the above is not the supported accommodation/ care provider, please ensure that the following is also completed.

I support this referral being made on behalf of _____ (client's name).

Name

Signed

Position

Date

Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)

Tenancy Support Form

Addendum to the Move On Referral Form

| 1. Personal details | |
|--|---|
| Full name: | |
| Devon Home Choice User ID: | |
| Date of Birth: | |
| Preferred pro-nouns: | |
| Address: | |
| Contact telephone | |
| Contact email | |
| NI number: | |
| GP name and contact details: | |
| Secondary contact: Next of kin/friend/Advocate | |
| Preferred method of contact and time | |
| Do you have any pets? <i>If yes, are they registered, chipped and vaccinated?</i> | |
| 2. About me | |
| What have you done to prepare yourself for holding a tenancy? | |
| Is there anything you know you might need extra help with relating to managing your home? | <i>i.e. establishing direct debits, putting gout bins, moving/purchasing furnishings</i> |
| Who do you have for support if you need help with managing your home? | |
| What might be an indication that you need extra support? | <i>i.e. not responding to calls or emails, becoming withdrawn. Becoming agitated or distressed in conversation.</i> |
| If we have any concerns about you, who can we call? | |
| Is there anyone specific that you would like us to be aware of as a risk to you? | <i>Ex partner, parent etc</i> |

This form is designed to offer an additional layer of support for you as you move in to your first tenancy. By providing the details of the support you have in place, and providing permission for your landlord to speak with them you are demonstrating that you take your responsibilities as a tenant seriously. This form does not provide consent for your landlord to contact your support network unless in case of a significant concern.

**Devon Home Choice
Procedures Manual version 11.6 (18th December 2024)**

| | |
|--|--|
| 3. My commitment to maintaining my Tenancy should I be offered one. | |
| <i>I confirm that I will commit to maintaining the tenancy should I be offered one through the Devon Home Choice Scheme and agree to take all necessary actions as required.</i> | |
| Signed: | |
| My Full Name: | |
| 4. The commitment to support you | |
| Professional secondary contact: PA/Support worker/social worker Please provide main office contact, mobile and email. | |
| What support is available for this young person to help them to settle in the first 3 months? | <i>Detail frequency of visits, type of support etc</i> |
| What support will be available if this person requires extra help or advice after the first 3 months? | |
| Has a guarantor been agreed/requested? | |
| Please confirm that we will receive a response from your service within 3 working days of making a referral within the first year of this tenancy. | |
| <i>Signed:</i> | <i>Dated</i> |
| <i>Position:</i> | <i>Contact for escalation: (Team manager)</i> |