



Guest Application Form

To be **Completed** with the guest being referred and support worker.
 once completed this will be assed by Rainbow Centre Winter Shelter team and a decision made within 24 hrs of receipt of the application

Shelter Decision

- **Accept / Decline** (if decline please explain reason below)

	Yes	No	Comments
Accept	<input type="checkbox"/>	<input type="checkbox"/>	
Decline	<input type="checkbox"/>	<input type="checkbox"/>	

Please answer these questions as status at time of referral.

Form Completed by:	Form completed on:
--------------------	--------------------

Name:		Gender:	Marital Status:
<input type="text"/>		M F T	<input type="text"/>
Date of Birth:	Age:	Nationality:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Language:	English Speaking:		Yes/No
<input type="text"/>	<input type="text"/>		<input type="text"/>
National Insurance N°:	NHS card: Yes/No	Other forms of ID:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile N°:	Email:		
<input type="text"/>	<input type="text"/>		

Do you consider yourself disabled?

Yes/No

Please list your medical conditions (use a separate sheet if needed)

Next of Kin/ friend:

Name: Relationship:

Contact Details:

Referred by:

Name:

Organisation:

Have you ever accessed the Rainbow Centre before?

Yes / No

If yes

When:

Housing History

2. Local Connection

Yes / No

- a. Have you lived in Shepway for the last two years?
- b. In which Local Authority was your last accommodation located?
- c. Do you have any other local connection to Folkestone? (i.e. Family)

Where did you sleep the night before you arrived at the shelter?

How long have you had no fixed abode?

Where do you normally sleep?

Streets / Friends sofa / Squat/ other

Have you made a homeless application?

Yes / No

If yes, when?

Local authority?

Have you made Home choice application?

Yes / No

If Yes

Do you have a bidding Number?	No:
-------------------------------	------------

Current Assistance from other services

	Agency/Organisation	Contact Person	Contact Number/email
Housing			
Alcohol			
Drugs			
Mental Health			
Other			

Do you have an outreach worker? **Yes / No**

Name	Agency	Length of time engaging with agency

What has caused you to become homeless?

a. Please give a summary of your housing history, *including addresses & reasons for leaving*

Work / State Benefits

Do you currently work?	
When did you last work?	
Are you on benefits? If so, which?	
How much are you receiving?	£.....

How often?	Proof seen? Yes / No
Where is your signing on office?	

Physical Health

Mobility	
Dietary Requirements (e.g. vegetarian, vegan, halal)	
Allergies / intolerances	
Other	Yes / No (details)
Do you have any current physical health issues?	
Are you currently taking any prescribed medication? Please specify medication & dosage	Yes / No Proof seen? Yes/No
GP When was your last appointment?	Yes / No Name and address
Dentist: When was your last appointment?	Yes / No Name and Address
If you do not have one, can we assist in finding these?	GP: Yes / No Dentist Yes / No

Mental Health

Have you ever suffered from any mental health problems?	Currently / previously / never Have they been diagnosed? Yes / No Details
Do you use alcohol or drugs to help cope with your mental Health (self-medicating)?	Yes / No

Do you have a history or current risk of self-harm / self-harm ideation?	Current / history / No
Do you have a history or current risk of suicide / suicide ideation?	Current / history / No
Have you ever had a Mental Health worker?	Yes / No

Substance Misuse

Do you drink alcohol?	Yes / No Amount: Frequency: day / week / month
Have you ever received help for alcohol issues?	Yes / No If yes when?
Have you ever experienced blackouts / seizures from alcohol withdrawal?	Yes / No If yes when?
Can we link you to local agencies to help you with these issues?	Yes / No / Receiving help / NA

Drugs

Do you take any controlled drugs?	Currently / Historic / Never Heroin Cocaine/Crack Cannabis/Legal Highs Amphetamines / Speed Benzos Prescribed (other than your own) Other (please specify)
Are you currently injecting any of the above?	Yes / No / N/A
Have you ever received help for drug issues?	Yes / No / N/A If yes when?
Are you being prescribed Methadone /	Yes / No / N/A

Suboxone	
Are you aware of needle disposal?	Yes / No / N/A
Can we link you to local agencies to help you with these issues?	Yes / No / Receiving help / NA

Immigration	
Immigration Status (state one) UK resident Asylum seeker - when did you arrive in UK A2 National Refugee - when did you arrive in UK Other EU/EEA National Unknown Refused asylum seeker Other (please explain)	
Are you getting any help with your immigration status?	Yes / No / NA If yes, who from

Offending History		
Have you been in prison?	Yes / No (if Yes, please complete the box below)	
Date of sentence	Offence	Time served
Have you ever been convicted of arson or violence?	Yes / No	If so please specify:
Are you on the sex offenders register?	Yes / No	If so please specify why:
Are you working with any offending services?	On probation / On bail / Awaiting trial / Other	If so please specify

Additional Questions	
Have you ever been in Care?	Yes / No When? Where?
Armed Forces?	Yes / No When? Service No:
Is there someone else, not mentioned above, who is helping you at the moment with your situation: a professional from an agency helping rough sleepers, a friend, a relative, a former work colleague, a social worker, a psychologist..?	Yes / No If yes who
Do you need help with:	IF Yes please specify

Developing Literacy Numeracy skills Pregnancy Domestic abuse ESOL course	
---	--

Monitoring Questions	
Nationality	Rather not answer
Ethnicity	Rather not answer
Sexual orientation	H / L / G / B / Q / rather not answer
Rainbow Centre existing client?	Yes /No
Client's plan of action:	Please state:
Assistance from HSS needed:	Yes / No

Referring Agency Homeless Support Service - Agreed Action Plans

	Plan	Assigned to	Deadline	Outcome
Housing				
Alcohol				
Drugs				
GP/physical health				
Mental Health				
Benefits				
Immigration - Repatriation				
Family reunion				
Relocation				
Other				

Under the General Data Protection Regulation (GDPR) we need to have your consent to store your personal data. Your personal data will be held confidentially and securely and is recorded in order for us to provide support for you. If we refer you to support from an outside agency, we may provide them with the personal data we have recorded from you but only that which would be specific for that purpose.

The only time we might share information without your consent, would be in the interest of protecting yourself or others from substantial risk or harm.

You may withdraw your consent at any time but this may mean that we cannot offer you the full range of services that are available. Should you wish to withdraw consent, please ask for this consent document and sign in the appropriate place at the bottom of this page.

The Rainbow Centre's Privacy Policy is available on our website and a copy can be made available. Please ask a member of staff if you would like a copy.

Guest full name:

Guest Signature:

Date:

Consent Withdrawal:

I would like to withdraw my consent from the Rainbow Centre.

Client Full name

Signature Date

Guest Risk Assessment and Management

To Be completed by Referring Agency

1.Managing Tenancy and Accommodation			
<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>Never had a tenancy/lost numerous tenancies. High arrears. Evictions due to antisocial behaviour.</i>	<i>Sporadic ability to maintain a tenancy. No major issues outstanding.</i>	<i>Able to maintain tenancy regardless of issues.</i>	<i>No history of eviction, arrears, antisocial behaviour.</i>
Causes/triggers			
What can staff do to manage this risk?			
What can guest do to manage this risk?			

2.Drugs and Alcohol	
<u>High</u>	<u>Medium</u>
Drug and Alcohol issues without any agency involvement and/or using on top of script. Using daily. Self-medicating non-prescribed medication/legal highs.	Agency involvement. And/or no usage on top of script. Control of alcohol misuse.
<u>Low</u>	<u>None</u>
In control of any previous addictions. Reducing script. Reducing alcohol	No current issues with drugs or alcohol
Causes/triggers	
What can staff do to manage this risk?	

What can guest do to manage this risk?

3. Emotional and Mental Health

<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>No agency involvement, but required. And/or mental health issues that impact on day to day life.</i>	<i>Engaging with CMHT. And/or stable and managing medications/treatment.</i>	<i>Managing mental health, using controlled mechanisms (not drugs and alcohol) when needed.</i>	<i>No current mental health issues.</i>

Causes/triggers

What can staff do to manage this risk?

What can guest do to manage this risk?

4. Physical Health

<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>Always needs support to address physical health issues.</i>	<i>Sometimes needs support to address physical health issues (with prompting to attend appointments)</i>	<i>Sometimes needs support.</i>	<i>Can address health issues independently</i>

Causes/triggers

What can staff do to manage this risk?

<p>What can guest do to manage this risk?</p>

5. Financial			
<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>Lending/borrowing regularly without being paid back. High arrears not being addressed. Not taking ownership of debts. No budgeting skills. Not currently claiming benefits</i>	<i>Willing/trying to address debts and budgeting skills.</i>	<i>Addressing debts. Managing own money.</i>	<i>Have budgeting skills and no current debts.</i>
<p>Causes/triggers</p>			
<p>What can staff do to manage this risk?</p>			
<p>What can guest do to manage this risk?</p>			

6. Motivational and Taking Responsibility

<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>Has no plans in place (will need lots of support to improve). Not currently engaging/unwilling to engage.</i>	<i>Willing to explore different options. Has started to work towards goals.</i>	<i>Steps in place. Engaging with agencies. Self-motivated.</i>	<i>Able to identify problems and make changes/decisions.</i>

Causes/triggers

What can staff do to manage this risk?

What can guest do to manage this risk?

7. Offending

<u>High</u>	<u>Medium</u>	<u>Low</u>	<u>None</u>
<i>Currently offending. Awaiting court date. On probation.</i>	<i>Engaging with probation. Demonstrating motivation to change.</i>	<i>No convictions in the last 12 months.</i>	<i>No history of offending.</i>

Causes/triggers

What can staff do to manage this risk?

What can guest do to manage this risk?

8. Relationships

High	Medium	Low	None
<i>Still associating with negative influences. Problematic family issues.</i>	<i>Recognises negative influences/family issues. Trying to change.</i>	<i>Avoids negative influences. Working on positive relationships using support networks.</i>	<i>Supportive family and friends you can trust and rely on.</i>
Causes/triggers			
What can staff do to manage this risk?			
What can guest do to manage this risk?			

Signed by: (Referral worker) Name:

Organisation:

Date of referral: