

## City Homes in Mind - Criteria for Referral

**Documents can be made available in other formats on request.**

The project aims to provide independent living accommodation for people with mental health problems.

In assessing the suitability/appropriateness of a referral to our project, emphasis is placed on compatibility with existing residents.

**The project welcomes applications from people who:**

- Are experiencing mental distress
- Are in need of supported accommodation (eg. their present accommodation is unsuited to their needs).
- Are over 25 years of age
- Are capable of managing own medication
- Are capable of basic self-care or daily living skills
- People with high behavioural needs will be considered against the needs of the community at that time and a balanced judgement will be made in respect of issues such as unmanageable violence, sexual offences or arson.

The use of illegal substances by either tenant or visitors will not be tolerated.

Tenants are not allowed to keep dogs or cats. Other pets may be allowed subject to negotiation.

The flats are one bedroomed and therefore are not suitable for couples or families.

**A furnishings deposit of £102.00 is payable prior to moving in**

**All referrals must be accompanied by an up to date community care assessment in the form of a completed Care Plan and or current Risk Assessment, or an assessment undertaken by a CPN or GP.**

**Unsuccessful referrals will be provided with an Appeal form and a copy of our procedures.**



## Referral Form

**Date of referral:**

**Name of Person being Referred:**

**Date of Birth:**

**NI No:**

**Age:**

**Marital Status:**

**I would describe my sexuality as (Please circle as appropriate)**

Gay/Lesbian    Heterosexual    Bisexual  
Prefer not to answer this question

**Preferred language:**

**Ethnic Origin:**

**Religion:**

**Do you consider yourself to have a disability? YES    NO**

**If yes, please state the nature of your disability**

**Registered Disabled?      YES    NO**

**What income do you receive?**

**How are your mental health needs currently being supported?**

**Medical details and any medication taken:**

**What are your main support needs?**

**Please state how you would benefit from our service?**

**Are you related to, or do you know anyone currently living at City  
homes In Mind?      YES/NO**

**If yes, please give details:**



# City Homes in Mind

A not for profit organisation



Tradeforce Building  
Cornwall Place  
Bradford  
BD8 7JT  
Tel: 01274 822333/ 201848  
Fax: 01274 822880

## Other people/agencies involved with your care & support

Contact name:

Address:

Tel:

May we contact him/her YES/NO (Please circle as appropriate)

If this is not a self referral:

Referred by:

Relationship to person being referred:

Address:

Post code:

Tel:

Any other relevant information that you feel would be helpful?

Please tell us where you found out about our service?

### Risk Assessment

	Current	History	None
History of Self Harm			
Mistreatment/exploitation			
Risk to Self			
Risk to Others			
Risk to Children			
Risk to Property			
Risk of Arson			

### Please Explain

(Include recent incidents, frequency, severity, patterns, convictions, current state etc)

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Cornwall Place  
Manningham  
BD8 7JT  
Web Address: [www.cityhomesinmind.net](http://www.cityhomesinmind.net)  
Email: [cityhomesinmind@hotmail.co.uk](mailto:cityhomesinmind@hotmail.co.uk)

Tel: 01274 822333/210848

Fax: 01274 822880

Documents can be made available in other formats on request



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## Permission to Share Information Consent Form

Information recorded during your assessments may be shared with others involved in your care and support.

This will help them understand your needs and avoid having to repeat some parts of the assessment.

Do you give your consent for information recorded in any assessment being shared with others involved in your care or support?

**YES/NO**

Some information may also be used to help plan future services.

Do you give your consent for information recorded during any assessment session being used to help plan future services?

**YES/NO**

Is there any specific information you would **not** wish to be shared?

**YES/NO**

If yes, please state

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Signed.....Print name.....Date.....

Signed by Staff.....Print name.....Date.....