

# CLEARING HOUSE

## Referral Form Minimum Standards



### Monitoring

This guidance is reviewed every two years or in line with service changes, whichever comes first.

### Introduction

The information submitted in the online Clearing House referral form is used by the Clearing House to assess the eligibility and suitability of clients for accommodation via the Clearing House service.

As well as being completed by referral agencies, TST workers complete the same form when submitting a transfer request for a current Clearing House tenant.

Consider that the information that you provide in the referral form will be seen by the housing provider and the TST team when the client is nominated to a property. This will be the only information they receive at the point of nomination, therefore it is essential that referral forms are clear, detailed and consistent in standard and that information provided is clearly evidenced.

Referral workers (or TST workers with a client on the waiting list for a transfer) are responsible for updating the Clearing House via the online system with any change in the client's circumstances that may impact on their housing need.

### Aim

This document is intended for staff who have access to the online referral system and as such will be of limited use if you do not yet have access. To gain access contact the Clearing House Helpdesk on 020 3856 6008 or [ch@mungos.org](mailto:ch@mungos.org).

Ensure the completion of referrals and transfer requests to the required standards at the first attempt and to reduce the number of referrals that are returned to referral agencies and TST teams for further information and clarification. This will improve the experience of all users of the Clearing House and improve the speed at which clients can be rehoused. Guidance for completing individual fields within the form can be found within the green help boxes in the referral form.

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### **Getting Help**

For help and advice about this document or in completing a referral form or transfer request please contact a member of the Clearing House Team on 020 3856 6008 or email [ch@mungos.org](mailto:ch@mungos.org).

### **Related policies, references and forms**

[Referral and Waiting List Policy & Procedure](#)

[Transfers Policy & Procedure](#)

## Guidance for each section of the referral form

### 6.1 Create a new client record

**If your client doesn't already have a record on our system you will need to create a record for them.** This screen is self-explanatory, but very important. It is essential that the information entered here (and in any part of the form) is correct. This information is used by Clearing House to help verify the eligibility of the client for the service (see section 2).

Refer to original documentation (such as passport or birth certificate) when inputting the personal information for this section. Errors are often copied from one system to another, so returning to source documents is important to ensure that referrals can be processed quickly.

To be eligible for Clearing House your client must have experienced a period of rough sleeping or be from a verified service who predominately supports rough sleepers (these services have already been identified by borough leads; if you are unsure about this please contact your borough lead). **Please ensure that the 'Name' field is displaying your client's full legal name as this needs to be accurate during the nomination process if accepted onto the Clearing House waiting list. If your client is known by another name, please input this in the 'Known as' field.**

**Please detail your client's CHAIN number if they are on CHAIN; if they do not have a CHAIN number, please let us know if they have a history of rough sleeping and ensure that this is captured in the housing history section. If you are not sure whether or not your client is on CHAIN, please contact [CHAIN@homelesslink.org.uk](mailto:CHAIN@homelesslink.org.uk) with your client's full name and date of birth.**

### 6.2 Referral Form

**Eligibility Criteria** - To be eligible for Clearing House your client must have experienced a period of rough sleeping or be from a verified service who predominately supports rough sleepers (these services have already been identified by borough leads; if you are unsure about this please contact your borough lead). Your client must also understand Clearing House's move-on requirement and be willing to engaged with TST; when creating the referral please tick these check boxes once this has been done.

**[Full Clearing House eligibility criteria policy can be found here](#)**

**Couple Referrals** – only complete this section if the client intends to live with their partner. If your client intends on having their partner live with them, please provide the partner's name and CHAIN number and let us know if a Clearing House referral is also being submitted for them. Even if a Clearing House referral is not being completed for your client's partner, please still provide any relevant information, such as the partner's support needs, the dynamic between the two of them and any risks.

**Client statement** - Please use this space to allow your client to tell their story and aspirations in their own words, or as a space for them to provide any additional information they wish us to know about. For example, this could include information on how they came to end up rough sleeping, how they feel ready for move on from current accommodation, what they feel their support needs are, or anything else about themselves.

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**Right to rent** - Please detail what documentation your client has that satisfies their right to rent in the UK. This could either be photo ID, or other forms of ID with supporting documents such as birth certificates and proof of benefits.

<https://www.gov.uk/prove-right-to-rent>

**Worker contact details** – If possible please provide the name of an additional worker who has Clearing House access and can be contacted in your absence. **This should not be agency/locum or night staff.** Additional contacts can view a referral but not make changes; if the referral needs to be transferred over to another worker (such as when staff leave) then please contact the Clearing House HelpDesk.

**Privacy notice** - Please be aware that if no privacy notice is provided we will recall the referral without assessing it. Please ensure that a signed privacy notice is uploaded to the files section on the right of this page. Once uploaded please tick the below checkbox to confirm.

### What information we need from you

If you are unsure or what specific information needs to be provided for a field, when reviewing the referral look out for boxes such as this with a green outline. These are guidance prompts that detail exactly what information needs to be provided if a support need is identified. If a referral is submitted that is missing information, Clearing House will refer you back to these guidance prompts so you know what information needs to be provided.

## 6.3 Housing history

The last five years of the client's housing history must be provided and must be as accurate as possible, there should be no gaps in the history - although we understand some dates may be estimated and some addresses not fully remembered by the client.

Don't make a complete guess; if the client cannot remember at all, please state this in the housing history.

If you are creating a record entry for your client's current address, please ensure the "*Current Address*" check box is ticked. For housing history record entries that are not your client's current address, a reason for leaving and end date must be provided. *If your client is currently housed in local authority temporary accommodation, please ensure you provided detail on whether the LA has accepted full duty to house your client, or there is a decision pending.* It is important to provide as much information and context as possible when detailing your client's reason for

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leaving on a housing history record, particularly if your client was evicted or abandoned a property. **Please ensure that any past reasons for leaving/eviction from housing that may constitute a risk to maintaining a future tenancy are captured in the risk assessment**

If your client **is currently rough sleeping please input 'No fixed abode (NFA)' into Address 1 field, and when prompted to input the Housing History borough please select the borough in which the majority of rough sleeping occurred during this time period.**

If your client has previously been referred to the Clearing House you will find the Housing History window will already contain some entries. You will not be able to edit these. *If anything is incorrect or incomplete e.g. lacking an end date or an address please call or email us to provide the information.*

### 6.4 Assessments

**Clearing House requires details relating to past and present support needs to assess the level of on-going support they may need to manage a tenancy and to share insights around management strategies, triggers, and warning signs, that will help TST to support your client and reduce the risk of your client not maintaining their tenancy,.**

**When completing assessments please provide as much context as possible, and use the guidance boxes to inform your answers.**

#### 6.4.1 Alcohol use

If your client is currently, or previously had, any support needs around alcohol you must provide details.

Please give a detailed overview of your client's history with alcohol use – what has been their journey up to this point including details around their engagement with services (or lack of), past treatment (such as detox or rehabilitation) and any cycles or periods of abstinence/reduction and relapse.

When providing details in the text boxes, please consider the following:

**Alcohol support needs** – this section is to gather a full picture of your client's relationship with alcohol as a support need

**Relationship with alcohol** – When describing the client's relationship with alcohol please include detail on:

**Triggers** (was alcohol a past support need, is there anything that causes problematic drinking)

**Patterns** (including drinking habits, any increases/decreases in drinking, what their typical drink is, frequency, number of units, time of day etc)

**Impact** of alcohol consumption (such as prioritising alcohol over other aspects of living (bills e.g.), detail around dependencies on alcohol/functional drinking,

**Risk** associated with drinking and any resulting health impacts from alcohol) to help build up a strong picture of the client's support needs.

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**Weekly spend on alcohol** – Please provide your client's weekly spend on alcohol and any context around this in one of the textboxes.

### **Managing alcohol consumption – strengths and coping mechanisms –**

If alcohol is a support need please detail any **coping mechanisms** or **strengths** that your client has to manage their drinking, and how these affect their consumption and mitigate its impact.

If your client is in recovery from alcoholism/problematic drinking or is sober as a result, please provide detail here on potential triggers and what helps them to stay sober/avoid relapse.

**Alcohol support** – this section is to let us know if you client is engaging in support (or the reasons why they are not), gather what this support looks like, and capture the contact details of any support agencies

### **Current and future alcohol support –**

Please provide details on all current engagement with alcohol support agencies, ensuring to include the current level of engagement, how long your client has been engaged for, how your client feels about support, any impact of moving away from current support, how support helps and any potential barriers to support that currently exist. If your client doesn't currently receive support around drinking, please detail why this is. If they would like to access support in the future, please make a note of this here.

### **Alcohol support agencies –**

Alcohol support agencies can include all agencies which provide support, including drug services, Alcoholics Anonymous, and peer support groups for example.

Please detail the name, location and contact details (phone/email) of all alcohol support agencies your client is currently engaged with. If necessary, please make a note of this in the area selection assessment.

## 6.4.2 Area selection

Please select a minimum of 3 higher stock boroughs (first list) and as many low/no stock boroughs (second list) as you like. If less than 3 higher stock boroughs are selected then a justifiable reason for this must be provided in borough selection

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considerations section, and this will be reviewed by Clearing House on a case-by-case basis.

The low/no stock boroughs are Barking & Dagenham, Bexley, Bromley, City, Croydon, Greenwich, Havering, Kingston, Redbridge, Richmond, and Sutton. When selecting areas please be aware that if accepted onto the waiting list your client could be nominated to a property in any selected borough.

Therefore, *please consider all of the client's associations (physical and mental health services, local support networks, work for example) when selecting boroughs.*

For more information please see the Referral and Waiting List Policy and Procedure: <https://www.mungos.org/wp-content/uploads/2022/08/Referral-and-Waiting-List-Policy-Procedure.pdf>

The amount of Clearing House stock in each borough is displayed on the Borough stock waiting list map, which can be accessed by the below link. Low/No stock boroughs are coloured grey and white respectively [Clearing House Borough stock map](#)

**Other considerations with borough selection** – this section is to capture any risks associated with any areas of London.

Please include details of all areas of London that the client would need to avoid due to risks associated with them (for example negative associations, historical events, gang related history, previous domestic violence etc). If any of these areas directly border a selected borough, please detail the specific area to avoid so this is taken into consideration.

*This question is vital for the nomination process and consequences of not providing full and accurate information could affect your client's nomination or compromise their safety. The information provided here is used to ensure that clients can stay safe and remain in their tenancy; please also detail any relevant risks within the risk assessment.*

You can also use this field to detail your client's area preferences and reasons why, but please note they can still be nominated anywhere in their selected boroughs unless there is a strong reason why they cannot live in a specific area. Also please note that if your client is too restrictive on where they want to live (e.g. specific postcodes) then we will not be able to accommodate this.

**Housing requirements** – this section is to capture your clients' property requirements, particularly around size and floor level. It is essential that this information is completed thoroughly and accurately

### **Property type –**

Clearing House offers one bedroom and studio properties; *if your client has selected only one of the available property types, please provide reasons for this in the 'Property type reason' field* (reasons could include visiting children, accessibility or affordability for example).

### **Floor levels**

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When selecting all acceptable floor levels, please consider what floors your client could manage day to day and would be safely able to evacuate from in an emergency. Please provide any further context around this (such as medical reasons) in the property requirements and restrictions question below.

Please be aware that some ground floor properties may still have some steps to access the block. Please be explicit with the number of steps your client could manage if selecting lower floors.

### Property requirements, restrictions and floor levels

This question should be used to provide all relevant requirements that your client has for a property over a 2 year tenancy. This could be adjustments due to a medical condition(s), mobility considerations (such as needing a walk-in shower, number of stairs they can climb or if they would struggle living in a property on a hill for example), or wider property restrictions that need to be considered. Please ensure these support needs are reflected across the rest of this referral.

**Pets** – this section is to capture what pets your client has and any additional detail.

**Details on pet(s)** – Please include relevant details around how many pets your client has as well as their size, temperament and requirements. Please also highlight if they are support pets.

If your client is planning on getting a pet within the next two years, this will need to be negotiated with the landlord if nominated; please be aware that most Clearing House properties do not accept pets.

### 6.4.3. Finances

This assessment is to gather information on how your client manages their finances.

Clearing House will assess all of the information provided in this assessment to ascertain whether a Clearing House property is a viable option for your client financially.

Please be as thorough as possible - affordability is a key factor in referral assessment.

If your client is accepted onto the Clearing House waiting list and subsequently nominated to a property they will need to undertake a financial assessment with the housing provider. As part of this the housing provider will request access to financial documents (such as bank statements), so please ensure your client is aware of this when completing this referral.

**Finance and budgeting support needs** –



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### Managing finances

Please include detail on how your client manages their finances, particularly focusing on any strengths or difficulties they have around budgeting and managing their income.

Please also detail any mechanisms that your client has to help with managing their finances and any additional considerations around their financial wellbeing.

Use this section for an overview of your client's financial support needs as detail on income, benefits, paid work and debts are all in this section.

### Finances support and aspirations

Please use this section to detail any support your client currently receives around finances, or any support they would like in the future. This could include support with budgeting, advice on what to do when they run out of money, help accessing food banks or other types of support for example. If they are currently engaging with financial support, please also provide details of what this entails and who is providing the support.

Please also detail any aspirations your client has around finances, for example achieving financial independence, or reducing a reliance on begging.

## Income –

### Monthly income

Please input your client's average monthly income (excluding Housing Benefit / UC Housing element) and any monthly deductions (for example car finance, child support, debt repayments etc) in the adjacent fields.

This will calculate your client's subsequent available income. Please only include legitimate income (e.g. not cash-in-hand, or begging, etc.). All information on client's income must be accurate upon submission of referral. If the referral is recalled and this changes, please ensure this is updated.

The monthly income detail field should be used to provide context around the answers provided here, and is an opportunity to explain any important considerations or nuances around your client's monthly income.

## Benefits –

### Benefits guidance

If your client is entitled to benefits, please select all benefit types from the picklist above.

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Use the 'Tell us about your benefits' field to provide more detail and context around selected benefits. This could include whether your client is receiving all their entitled benefits, what UC components they are receiving, exemptions from benefit cap/LHA, any outstanding benefits claims, where their benefits are being paid and how this may balance with any paid work they are currently in for example.

If your client has any discontinued benefits or benefit sanctions, please provide more information on these in the relevant field.

### Accessing online UC account

Please let us know if your client has access to their online Universal Credit (UC) account.

If they can access it but have difficulty navigating it, or would like some support with their online UC account, please provide details. This will help TST plan appropriate support.

## Paid work –

### Paid work details

Please provide more detail on your client's paid work, including how long they have been working for, what helps to maintain employment, patterns with work and pay dates.

If your client has previously been in work please provide any relevant work history/skills and any aspirations for work (this should also be captured in the education, training and employment section in the additional support needs assessment). *Please ensure you detail the location of where your clients works and that this is considered within the area selection.*

If your client is on a zero hours contract please detail how many hours they work a week on average and any cycles of work.

## Rent arrears –

### Rent arrears

If your client currently has rent arrears please provide information on whether they are being pursued for these, how much the arrears are (including how much they are now and much they were at their peak), how they were accrued (for example issues with Housing Benefit, lack of support, non-prioritisation etc) and any associated impacts of this (for example evictions).

### Steps taken to address rent arrears

In the steps taken to address rent arrears field please provide details of rent arrears repayment, including how much they have repaid so far, how long they have been repaying arrears, how much they are paying on a weekly basis and how long they have left to repay the arrears fully. If your client does have rent arrears, please ensure they are captured in

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the monthly deductions field.

Please also provide any relevant information on actions taken (repayment plans, DHP applications etc) or any ongoing support your client may need with repaying arrears.

### Other debts –

#### Other debts

If your client has other debts (not rent arrears) please provide information on how much debts are (broken down by debt type), whether they are priority or non-priority, and how they were accrued (for example catalogues, credit card debts, drug debts etc). If your client does have other debts please ensure they are captured in the monthly deductions field, and any associated risks with your client's debt(s) should be captured in the risk assessment.

#### Details of debt reduction

In the details of debt reduction field please provide details of debt repayments, including information on debt repayment plans, how much they have paid back so far and how much is left, any interest on the debts etc. If your client is being supported to repay debts, or would like support to address debts in the future, please also detail this here.

### Gambling –

#### Gambling

Please provide detail on gambling as a support need, including the extent of gambling (triggers, frequency, type of gambling and patterns), what the impact is on your client's finances (for example previous lost tenancies) and any skills your client has around mitigating the impact of gambling.

If your client is receiving, or would like any support around gambling, please also detail what support they would like in this text box.

## 6.4.4 Mental & Physical Health

### Mental Health

If your client has a mental health diagnosis, has had a mental health support need in the past or you suspect that there may be an undiagnosed mental health support need, you must provide details.

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### Mental health and wellbeing –

#### Mental health and wellbeing

Please provide detail around your client's mental health and further context on diagnosed mental health conditions. Ensure you include relevant history around your client's mental health (length of time diagnosed, hospital admissions), patterns and triggers that can affect your client's mental health, and how diagnosed mental health conditions impact them (for example what adjustments do they need to make, what does a crisis look like, and any associated risks with their condition(s))

Please also detail how your client describes their mental health and wellbeing in their own words, particularly how their mental health affects their daily life. You can also use this space to detail any undiagnosed conditions your client may have, any disagreement with diagnoses that your client may have, or any aspirations your client may have for their mental health.

#### Managing mental health and wellbeing

Please use this question to provide detail on any strengths or coping mechanisms your client has to help manage their mental health and wellbeing; for example attending local groups, making adjustments to their daily life, avoiding particular localities or individuals etc.

If your client is currently receiving support for their mental health, please provide detail such as what type of support they receive, how they feel the support or treatment helps them, how long have they been engaged in support and if this support may stop when they leave their current service. If they are not currently receiving any support for their mental health, please provide reasons why they aren't engaged with support and whether or not they would like to access support in the near future.

### Mental health support agencies –

#### Mental health support agencies

Mental health support agencies can include all agencies which provide support to your client, such as their GP, NHS therapy and counselling services, Local Mind services, or community groups for example.

Please detail the name, location and contact details (phone/email) of all mental health support agencies that your client is currently engaged with. If necessary, please make a note of this in the area selection assessment.

### Neurodiversity and learning disabilities –

#### Neurodiversity and learning difficulties

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If your client is neurodiverse, please select all of the neurodiverse conditions that they have been diagnosed with. If they are undiagnosed, please do not select any conditions but provide detail in the text box. Use the text box to provide context around your client's neurodivergence including how it affects their daily life, any adjustments that need to be made (for example easy-read text for dyslexia), or any support they currently receive.

### Learning disabilities

The NHS defines learning disabilities as the presence of a significantly reduced ability to understand new or complex information, to learn new skills with a reduced ability to cope independently. If your client has a diagnosed learning difficulty, or may require an assessment, please provide detail on the impact of this on independent living, any risks associated with their learning disability, any accessibility considerations and information on any support that is currently being provided.

## Physical health

If your client has a significant physical health issue, or has had a physical health support need in the past that will impact on their ability to support themselves and maintain a tenancy, you must provide details.

### How client describes own physical health

Please detail how your client describes their physical health and wellbeing in their own words, particularly how their physical health affects their daily life and mental health.

### Physical health

In the 'Details of physical health support needs' please provide details on all past/current/future impact of physical health conditions that constitute as support need. This should include any relevant diagnosed physical health conditions and the impact they have on your client's daily life and their ability to manage a tenancy independently.

Please also provide information on any historic hospital admissions or past conditions that could pose a support need in the near future.

## Physical health support

### Physical health support

Please provide detail around your clients engagement with physical health support if it is a support need. This should include detail around their frequency of engagement, how your client feels this helps, how long they have been engaged with the support for example. If your client would like support around physical health, please also detail this (for example OH referrals, PIP applications, help accessing operations/appointments/hospital visits etc) and any barriers your client currently has accessing this.

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Please also detail the name, location and contact details (phone/email) of all physical health support agencies that your client is currently engaged with. If necessary, please make a note of this in the area selection assessment.

### GP details

#### GP information

If your client is currently registered with a GP please provide the GP practice name, contact details and location. If your client is not currently registered with a GP and would like support to do so, please also detail this here.

### Medication

#### Medication

Please detail any medication taken by your client for their mental or physical health, including information on the type of medication, what it is taken for, how often it is taken, how your client manages their medication and the impact of not taking it. If your client uses alternative unprescribed methods to treat a condition, please also detail these here. If your client is currently on an opioid script, please detail this in the appropriate field within the substance use assessment.

If your client currently has any support with their medication or need support around medication please also detail this here. These could include support with getting their prescription, reminders about taking medication for example.

### 6.4.5 Substance Use

If your client is currently, or has previously, used street drugs (including abusing prescription medication or street methadone) you must provide details. Please give a detailed overview of your client's drug use history – what has been their journey up to this point including details around their engagement with services, past treatment (such as detox or rehabilitation) and any cycles or periods of abstinence/reduction and relapse.

#### Pattern and level of usage

Please provide further context on your client's weekly drug intake. This should include providing more detail on your client's weekly spend (variations/cycles, spend broken down by drug, the impact of this spend on finances), patterns of usage (when they last used, frequency, time of day, if the client uses alone or socially), method of use and information on how long they have used at this current level for (any historical usage can be captured in the in the details field).

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### Client's drug use

Please provide a summary of your client's current relationship with drugs and a history of drugs as a support need. This should include detail on triggers (environment, relationships, addiction for example), and the impact of drug use on your client (how it affects their mental and physical health, or impact on maintaining accommodation for example).

### Managing drug usage

Please provide information around safety and risk associated with your client's drug use. This should include any strengths your client has around how they manage their drug use / any protective factors, and around harm minimisation (for example using sharp bins, accessing needle exchanges, using drugs in a secure environment).

Any specific risks to your client associated with their drug usage (such as risk of exploitation, any IV usage, debts associated with drug usage or overdoses for example) or risks to others (for example anti-social behaviour or domestic violence).

### Current support for drug use

Please provide detail on any support your client is currently receiving for their drug use. You should include the type of support, how it helps your client, amount of time your client has been engaged with support, and any other relevant details such as recovery plans.

If drugs are a support need and your client is not currently receiving support from drug services, please detail the reasons why (such as no local provision or on a waiting list, support is met by a non-specialist service or just not currently a priority for your client), or reasons why support may have stopped.

You should also include any support that your client would like with their drug usage (such as accessing rehab or services in a new area), and what your clients' aspirations are around their drug usage.

### Drug support agencies

Drug support agencies can include all agencies which provide support, including Drug and Alcohol services, peer support and community groups for example.

Please detail the name, location and contact details (phone/email) of all drug support agencies the client is currently engaged with.

### Opioid script

Please tell us if your client is currently on an opioid replacement script (e.g. methadone) including dosage, and detail any support they are currently receiving or would like to receive with this. Please provide information on your client's engagement with their script, detailing length of time they have been on their script and any breaks. If your client is on a script and still using, please provide information on how these interact with one another.

## 6.4.6 Additional Support Needs

### Independent living skills (ILS)

If your client has ever had difficulty with independent living skills you must provide details, but if they have only ever managed this well then this is still helpful to know. Please consider the following:

#### Independent living

Please select all of the independent living skills (ILS) that your client requires support with managing their tenancy, and use the 'Support with independent living' field to provide more context to these answers. Provide detail on your client's history of managing their own accommodation, include factors that affect their independent living skills, how they would utilise support from TST, any aspirations your client has around independent living and any observations you have if you are referring from an accommodation-based service.

If your client is currently receiving support on independent living, please provide information on what level of support is being provided, relevant contact details and location, and whether or not this will be continued at the point of move on.

#### Support networks

Please provide detail on any family, friends or community networks (e.g. community faith groups) that currently support your client. You should include the type of support they are providing and the impact this has on your client's daily life. If your client is reliant on this support, please ensure that the boroughs selected are reflective of the area the support is located. Please also provide details if your client acts as support for any family or friends (e.g. caring responsibilities). If your client has no support network please state this.

#### Language

Please provide a rating of your client's English reading and writing skills, and speaking and listening skills from 1 to 5, with 5 being fluent and 1 requiring a translator.

Please provide detail on what support your client will require around language after rating their ability level. This could include needing a translator for verbal conversations, translated documents, having easy read or large font documents, preferred methods of communication or help accessing ESOL classes for example. Please let us know if your client's level of English would be a barrier to reporting concerns during a tenancy and understanding documentation.

#### Education, training, employment and volunteering

Please provide detail on any education, training, employment (ETE) or volunteering opportunities your client currently participates in, would like to access in the near future, or would like support to access. You should provide detail on each opportunity that your clients is involved in (including location, days of the week and hours), and include information on your clients motivations and aspirations.



## Legal History

Clearing House will need to be informed of any risks related to offending, such as violence against other people, sexual offenses and arson so that the client can be appropriately housed, and to ensure our client and TST worker's safety.

**It is important that you do not provide a list of your client's convictions, due to data protection laws regarding sensitive data.**

## Under care of Jigsaw/Mappa

Please ensure you inform Clearing House if your client is currently supported by the Jigsaw Team (for sexual offenses) or MAPPAs (Multi-Agency Public Protection Arrangements). Clearing House may have to liaise with these agencies to ensure any prospective property meets restrictions imposed by these teams to reduce a client's risk to others, or to reoffending. If you answer 'yes', we will require contact information for the relevant team.

## Risks associated with offending

Do not include any detail on specific offences as this constitutes a data breach and will delay the assessment of the referral.

If your client's offending history is a support need, please provide details of any risks that may impact on maintaining a tenancy or that TST may need to offer support for. This should include any relevant risks to others, the client, or specific groups of individuals. You should also include any factors that may be triggers for offending, and/or highlight any vulnerabilities as a result of their offending history.

If your client currently has any upcoming court action, please provide an overview in the relevant field on

### Example 1

Ann was previously at risk of offending to fund her heroin addiction. Since maintaining an opioid script, engaging with CGL weekly being appropriately engaged with support, this risk is very low. Should Ann be prevented from accessing treatment or have unstable housing, this risk may increase. Risk factors would be non-engagement with substance use support and TST, and an increase in alcohol and other drug use.

### Example 2

Tony is under the care of the Jigsaw team, as they have restrictions on their accommodation due to sexual offenses. Tony cannot be housed close to schools or near young children and any potential home must be approved by the Jigsaw team. Tony engages well, and is considered a very low risk to others, including children, however insecure housing, and a deterioration of his anxiety and depression are risk factors to his offending.

Tony will need to attend his local police station within 3 days of moving into his new accommodation.

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If your client currently has any upcoming court action, please provide an overview in the relevant field on timelines, potential impact of court action and whether the sentence is custodial or non-custodial.

**Immigration status** – due to the benefits system changes and Right to Rent laws brought in we have to ask about immigration status and gauge ongoing eligibility for benefits.

### Immigration status

Please use this field to detail any support your client currently is receiving, or would like to receive around their immigration status. This could include referrals to supporting organisations (such as Praxis or Citizen's advice), details on who is managing ongoing immigration, and what your client's aspirations are around their status. You should also include any additional relevant information on your client's immigration status, such as key expiration dates (such as limited leave to remain end date) and any specific grounds for receiving benefits if they have pre-settled status for example.

Please be aware that if your client is a non-UK national and is nominated to a property, landlords will ask for Share Code to prove your client's immigration status and right to rent. Share Codes are only valid for 30 days, so if accepted please support your client to generate a Share Code during the nomination process.

### Preparation for move on

Please provide detail on what has been done to prepare your client for move on and start on a tenancy. This could include identifying sources of grant funding for move on, buying furniture, saving money for essentials (meter top ups, bedding, and other essential) and deposits, move-on training, checking ability to maintain health and safety of surroundings, cooking classes, used HB calculator, talked about/visited chosen areas, etc.

**Please be aware that Clearing House properties often come unfurnished** so any applications that are made ahead of tenancy starts are really beneficial.

## 6.4.7 Risk assessment

### Guidance for assessing risks

Please rate the level, of risk from 'no risk' to 'high' for all of the below.

For any questions where a risk is identified (low or above) please provide more detail and context around this risk. This could include, but not limited to: context-dependencies, triggers that increase risk, causes of risk, the impact associated with the risk, how the level of risk is currently being managed, any agencies currently providing support, and what support the client would like to help mitigate or reduce the risk. Please consider past risks and how they affect the client currently or could impact them when living independently.

If the risk has a particular location associated with it, please detail this both here and in the area selection assessment.

## Referral form minimum standards

### Any additional risks

If there are any additional relevant risks from or to the client which are not captured in the risk assessment, please ensure they are captured elsewhere within the referral.

### 6.5 Clearing House Privacy Notice

A copy of the Clearing House Privacy Notice, which provides important information for can be found by following the link [here](#)

**PLEASE BE AWARE THAT IF NO PRIVACY NOTICE IS UPLOADED TO A REFERRAL, WE WILL RECALL THE REFERRAL WITHOUT ASSESSING IT. PLEASE ENSURE THAT A SIGNED PRIVACY NOTICE (INCLUDING YOUR CLIENT'S FULL PRINTED NAME, SIGNATURE AND DATE) IS UPLOADED TO THE FILES SECTION ON THE RIGHT OF THIS PAGE**

Please use the Files section on the right of the online form to upload the signed client declaration (found at the link below) to confirm the client understands what service they are being referred for and how their information will be shared.

**Housing History guidance**  
After you have uploaded a signed copy of the privacy notice to the files section, the next thing you need to do is complete the five-year housing history. Housing history records can be created by pressing the 'Housing History' button at the top right hand side of this page. Please cover the last 5 years, ensuring they do not overlap and no gaps are left.

Client  
**Kieran Test**

**Eligibility criteria**

Move-on requirement understood by client  Client willing to engage with TST

**Client statement (you may upload a word document if preferred)**

Client statement <sup>1</sup>  
This is where the client statement will be completed by clients. It has been moved to the top to put the client's story at the front and top of the referral

**Client statement**  
Please use this space to allow your client to tell their story and aspirations in their own words, or as a space for them to provide any additional information they wish us to know about. For example, this could include information on how they came to end up rough sleeping, how they feel ready for move on from current accommodation, what they feel their support needs are, or anything else about themselves.

**Files (0)** Add Files

Upload Files  
Or drop files

**Assessments (6+)** New

Assessm...	Record Type	Created D...	Submitte...	
23-0841...	2. Area Sel...	08/08/20...	24/08/20...	▼
23-0841...	7. Risk Ass...	08/08/20...	24/08/20...	▼
23-0841...	1. Alcohol ...	08/08/20...	24/08/20...	▼
23-0841...	4. Mental ...	08/08/20...	24/08/20...	▼
23-0841...	3. Finances	08/08/20...	24/08/20...	▼
23-0841...	5. Substan...	08/08/20...	24/08/20...	▼

[View All](#)

**Couple Referrals - Only complete if client intends to live with their partner**