

Referral for accommodation and support

For young people aged 18-25 in Birmingham and surrounding areas. Please complete every section as fully as you can - this helps us understand the young person's needs and offer the most suitable accommodation and support. Type directly into this form, save it, and email it to info@cammohousing.org.

The young person must be aware of, and consent to, this referral (see Section 9).

1. REFERRER DETAILS

Full name

Job title / role

Organisation

Date of referral (DD/MM/YYYY)

Telephone

Email

Referral source

☐ Local authority / leaving care

☐ Social worker / personal adviser

☐ Registered social landlord

☐ Supported living provider

☐ Probation / youth justice

☐ Health / mental health team

☐ Self-referral

☐ Other

2. YOUNG PERSON'S DETAILS

First name

Surname

Preferred name

Date of birth (DD/MM/YYYY)

Age

Gender

Pronouns

Telephone

Email

National Insurance number

Nationality

Ethnicity

First language

Interpreter needed? (language)

Religion / faith (optional)

Immigration status (if applicable)

Home Office reference (if applicable)

Care leaver status

☐ Former relevant child (care leaver)

☐ Relevant child

☐ Qualifying care leaver

☐ Unaccompanied asylum-seeking young person

☐ Not a care leaver

3. CURRENT LIVING SITUATION & SERVICES INVOLVED

Current address

Current accommodation type

- | | | |
|--|--|--|
| ☐ Foster placement | ☐ Children's home | ☐ Supported accommodation |
| ☐ Family / friends | ☐ Temporary / emergency | ☐ Rough sleeping / no fixed abode |
| ☐ Custody / due for release | ☐ Hospital | ☐ Other |

Date must leave current address (if known)

Responsible local authority

Reason for referral

Why is the young person seeking accommodation now? Include any recent changes or urgency.

Social worker / personal adviser name

Telephone

Email

Other professionals or agencies involved

Name, organisation, role and contact details (e.g. GP, CAMHS/AMHS, probation, youth offending team, key worker).

4. HEALTH & WELLBEING

GP name and surgery

GP telephone

Physical health conditions or disabilities

Mental health and emotional wellbeing

Include any diagnoses, current support or treatment.

Medication (name, dose, who manages it)

Additional needs

- | | | |
|--|---|---|
| ☐ Learning disability | ☐ Neurodivergence (ADHD, autism) | ☐ Mobility needs |
| ☐ Sensory impairment | ☐ Pregnant / a parent | ☐ Substance or alcohol use |

Further detail on any needs selected

5. RISK ASSESSMENT

Please answer every question. Where the answer is Yes, give details below, including dates and current level of risk. Attach any existing risk assessments.

Is there a history or current risk of self-harm or suicidal thoughts?	☐ Yes	☐ No	☐ Not known
Is there a history of violence or aggression towards others?	☐ Yes	☐ No	☐ Not known
Is there an offending history or current court/probation involvement?	☐ Yes	☐ No	☐ Not known
Is the young person at risk of, or involved in, exploitation (e.g. CSE, CCE, county lines)?	☐ Yes	☐ No	☐ Not known
Is the young person at risk of going missing?	☐ Yes	☐ No	☐ Not known
Is there any history of arson or fire-setting?	☐ Yes	☐ No	☐ Not known
Is there a history of substance misuse affecting behaviour or tenancy?	☐ Yes	☐ No	☐ Not known
Are there safeguarding concerns, MARAC/MAPPA involvement or contact restrictions?	☐ Yes	☐ No	☐ Not known
Are there any people or areas the young person should avoid?	☐ Yes	☐ No	☐ Not known
Has the young person previously lost a tenancy or placement?	☐ Yes	☐ No	☐ Not known

Details of any risks identified, and how they are currently managed

- | | |
|--|---|
| ☐ Existing risk assessment attached | ☐ Pathway plan / support plan attached |
|--|---|

6. EDUCATION, EMPLOYMENT & INCOME

Current status

- | | | |
|---|---|-----------------------------------|
| ☐ In education | ☐ In training / apprenticeship | ☐ Employed |
| ☐ Not in education, employment or training | ☐ Volunteering | |

College, training provider or employer
Course / role

Income and benefits

- | | | |
|--|---|---|
| ☐ Universal Credit | ☐ Employment / wages | ☐ Leaving care support |
| ☐ PIP / disability benefits | ☐ No current income | ☐ Other |

Eligible for housing costs / HB?

Bank account in own name?

Photo ID / documents held

Independent living skills and support needed

e.g. budgeting, cooking, managing a home, attending appointments, using public transport.

7. ACCOMMODATION PREFERENCES

Preferred accommodation type

- | | | |
|---------------------------------------|--|---|
| ☐ Shared house | ☐ Semi-independent flat | ☐ Supported housing (additional needs) |
|---------------------------------------|--|---|

Preferred area(s) of Birmingham

Preferred move-in date

Who will fund the placement / support?

Support hours requested per week

Anything else that would help the young person feel safe and settled?

e.g. pets, accessibility, proximity to college, work, family or faith community.

8. GOALS & STRENGTHS

The young person's strengths, interests and what is going well

What the young person would like to achieve while living with Cammo Housing

9. CONSENT

This section must be completed. We cannot progress a referral without the young person's informed consent.

- ☐ The young person knows about and agrees to this referral
- ☐ The young person agrees to Cammo Housing contacting the professionals listed
- ☐ The young person understands how their information will be used (see below)

Young person - full name

Signature (type name)

Date

Referrer - full name

Signature (type name)

Date

How we use this information

Cammo Housing will use the information in this form only to assess the referral and plan support for the young person. It will be stored securely, shared only with professionals involved in their care where necessary, and handled in line with UK GDPR and the Data Protection Act 2018. The young person can ask to see the information we hold about them at any time.

Send the completed form to

info@cammohousing.org

Questions? Call 0121 724 0770 or 07757 00 99 74