



## CORK FOYER - BLACKPOOL REFERRAL FORM

Referral Agent to complete and return along with the housing application to the Foyer Manager, Cork Foyer, Assumption Road, Blackpool, Cork. Please mark strictly private and confidential.

Name of applicant

Referring agency

Name of agency contact

Length of time the applicant has been know to you

How would you describe your agency in relation to this application?

- |  |   |
|--|---|
| <input type="checkbox"/> Local Authority (nominated)                         | <input type="checkbox"/> Other voluntary agency         |
| <input type="checkbox"/> Health Services Executive                           | <input type="checkbox"/> Other Foyer                    |
| <input type="checkbox"/> Probation Service                                   | <input type="checkbox"/> Housing Association            |
| <input type="checkbox"/> General Practitioner                                | <input type="checkbox"/> Self-referral/direct applicant |
| <input type="checkbox"/> Youth Service                                       | <input type="checkbox"/> Garda                          |
| <input type="checkbox"/> Advice agency e.g. Threshold, Citizen Advice Bureau | <input type="checkbox"/> Domestic Violence unit         |
|  | <input type="checkbox"/> Other _____                    |

Which would you say best describes the applicant's situation?

- |  |  |
|--|--|
| <input type="checkbox"/> Physical disability                     | <input type="checkbox"/> Refugees/asylum seeker                  |
| <input type="checkbox"/> Degenerative and debilitating illness   | <input type="checkbox"/> Young person at risk or leaving care    |
| <input type="checkbox"/> Learning difficulties                   | <input type="checkbox"/> Person living in a vulnerable situation |
| <input type="checkbox"/> Mental health related problems          | <input type="checkbox"/> Person at risk of domestic violence     |
| <input type="checkbox"/> A history of drug/solvent abuse/misuse? | <input type="checkbox"/> Single homeless in need of support      |
| <input type="checkbox"/> A history of alcohol abuse/misuse?      |  |
| <input type="checkbox"/> Other _____                             |  |

Which of the following does the applicant require help with?

- |  |  |
|--|--|
| <input type="checkbox"/> Budgeting                         | <input type="checkbox"/> Cleaning  |
| <input type="checkbox"/> Filling in forms                  | <input type="checkbox"/> Debt management                                 |
| <input type="checkbox"/> Registering with a Doctor/Dentist | <input type="checkbox"/> Literacy and numeracy                           |
| <input type="checkbox"/> Benefits advice                   | <input type="checkbox"/> Searching for employment, training or education |
| <input type="checkbox"/> Cooking                           | <input type="checkbox"/> Motivation/self esteem                          |
| <input type="checkbox"/> Shopping                          | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Social interaction                |  |

Has the applicant applied to the Foyer before?      Approximate date?

Does the applicant have any family contact?

Please comment:

Please explain why you think the Foyer is a positive and appropriate option for the applicant, taking into consideration:

- Ability to cope in a semi-independent environment with multiple occupants
- The requirement to commit to a personal support plan
- The general level of support the scheme can provide
- The requirement to adhere to house rules

**It is particularly important why you think the applicant is ready for this type of scheme**

Please comment on any known history of the applicant, especially relating to the following:

- Failed tenancies
- Violence or damage to property
- Criminal offences
- Issues surrounding drugs, alcohol or substance misuse
- Mental health issues including self harm and depression
- Problems with friends and associates

Please detail what support the applicant **will continue to receive from you** should the applicant be accepted into the scheme (e.g. eligibility for financial assistance, regular visits from their designated worker). Please list in the table below the nature and frequency of any other professional support/contact.

Support from you:

**Level of support/contact from others:**

Name	Agency	Detail level & frequency of support	Contact number(s) Including out-of-hours/emergency

**Please ensure that the applicant fully understands the declaration and use of data that is outlined in the housing application form.**

**Declaration to be signed by referrer**

I understand the information provided by me in support of this application will be used by Cork City Council (Foyer) to determine the suitability of the applicant and validate the information provided. I understand that this involves an assessment of all risks that the applicant may pose to himself or herself, staff at the project and other residents who reside at the project. The referral is made on the basis that no relevant information known to the referral agency has been omitted, and that any areas of potential risk have been clearly stated.

Signed: \_\_\_\_\_ Job title: \_\_\_\_\_

On behalf of (organisation): \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality: All information disclosed for the application process will remain strictly confidential. Cork City Council (Foyer) will only contact agencies and individuals specified on the housing application or referral form. We are required to share this information in order to validate the information that has been provided and conduct a thorough assessment of the applicants needs.**