



SAFE HAVEN WOMEN'S HOUSING

Supported Accommodation Referral Form

For women requiring safe, trauma-informed supported accommodation due to domestic abuse, homelessness risk, refuge move-on, safeguarding concerns or other vulnerability. Complete all relevant sections to support safe assessment and placement.

Document version / date	Referral return email
Telephone contact	Office use reference

Important: If there is an immediate risk to life, call 999 before submitting this referral. Do not disclose any confidential accommodation address without authorisation.

1. Referrer and organisation details

Organisation name	Service / team / department
Referrer full name	Job title / role
Email address	Direct telephone number
Out-of-hours contact number	Relationship to client / reason for involvement

2. Referral urgency and safe contact

- | | |
|---|--|
| <input type="checkbox"/> Emergency - same day placement requested | <input type="checkbox"/> Urgent - within 24 hours |
| <input type="checkbox"/> Priority - within 72 hours | <input type="checkbox"/> Standard referral |
| <input type="checkbox"/> Client can be contacted directly | <input type="checkbox"/> Contact via referrer only |
| <input type="checkbox"/> Safe to leave voicemail | <input type="checkbox"/> Do not leave voicemail |

Urgency reason and immediate safety instructions

3. Client identity and basic details

Client full name	Preferred name
Date of birth	Age
National Insurance number if known	Current address / location
Safe contact number	Safe email address
Preferred language	Interpreter required

- | | | |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Trans woman | <input type="checkbox"/> Non-binary - discuss suitability |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Has children | <input type="checkbox"/> No children disclosed |

4. Current housing and homelessness status

- | | |
|---|---|
| <input type="checkbox"/> Currently fleeing domestic abuse | <input type="checkbox"/> Currently in refuge |
| <input type="checkbox"/> Temporary accommodation | <input type="checkbox"/> Sofa surfing / family or friends |
| <input type="checkbox"/> Street homeless | <input type="checkbox"/> Hospital discharge risk |
| <input type="checkbox"/> Leaving prison / custody | <input type="checkbox"/> At risk of eviction |
| <input type="checkbox"/> Unsafe to return home | <input type="checkbox"/> Other |

Current accommodation situation and why placement is required

5. Primary reason for referral

- | | |
|--|---|
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Coercive control |
| <input type="checkbox"/> Honour-based abuse risk | <input type="checkbox"/> Forced marriage risk |
| <input type="checkbox"/> Stalking / harassment | <input type="checkbox"/> Sexual violence |
| <input type="checkbox"/> Refuge move-on | <input type="checkbox"/> Homelessness prevention |
| <input type="checkbox"/> Mental health vulnerability | <input type="checkbox"/> Prison leaver resettlement |
| <input type="checkbox"/> Complex needs | <input type="checkbox"/> Other |

Brief summary of circumstances leading to referral

6. Domestic abuse and perpetrator risk**Known perpetrator name(s) if safe to disclose**

--

Relationship to client

--

Is perpetrator aware of current location?

--

Non-molestation / restraining order?

--

Police incident number / crime reference

--

- | | |
|---|--|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Financial abuse | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Coercive control | <input type="checkbox"/> Threats to kill |
| <input type="checkbox"/> Stalking / tracking | <input type="checkbox"/> Online abuse |
| <input type="checkbox"/> Weapon use threatened | <input type="checkbox"/> Perpetrator has access to vehicle |
| <input type="checkbox"/> Perpetrator knows family/friends | <input type="checkbox"/> High risk of location discovery |

Domestic abuse risk details, exclusion zones and location restrictions

7. Safeguarding and multi-agency involvement

- | | |
|--|--|
| <input type="checkbox"/> MARAC referral made | <input type="checkbox"/> MARAC pending |
| <input type="checkbox"/> MARAC not known | <input type="checkbox"/> Police involved |
| <input type="checkbox"/> Social care involved | <input type="checkbox"/> Children services involved |
| <input type="checkbox"/> IDVA involved | <input type="checkbox"/> Probation involved |
| <input type="checkbox"/> NHS / mental health team involved | <input type="checkbox"/> Solicitor / family court involved |

Lead professional / key worker	Agency and contact details
Safeguarding concerns for adults	Safeguarding concerns for children

Safeguarding summary and current safety plan

8. Children, pregnancy and family considerations

Number of children	Children living with client?
Children visiting?	Pregnancy due date if applicable
School / nursery considerations	Children services worker contact

- | | |
|--|---|
| <input type="checkbox"/> Mother and child accommodation required | <input type="checkbox"/> Women-only shared accommodation required |
| <input type="checkbox"/> No children to be housed | <input type="checkbox"/> Contact arrangements need consideration |

Child-related safeguarding information and accommodation requirements

9. Health and physical wellbeing

GP registered?	GP surgery if known
Physical health conditions	Medication requirements
Mobility / disability needs	Allergies or medical alerts

- | | |
|---|---|
| <input type="checkbox"/> Accessible room required | <input type="checkbox"/> Ground floor required |
| <input type="checkbox"/> Medication storage needed | <input type="checkbox"/> Regular medical appointments |
| <input type="checkbox"/> No known physical health needs | |

Further health information

10. Mental health, trauma and emotional wellbeing

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> PTSD / trauma symptoms | <input type="checkbox"/> Self-harm history |
| <input type="checkbox"/> Suicidal ideation | <input type="checkbox"/> Psychosis history |
| <input type="checkbox"/> Personality disorder diagnosis | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Neurodiversity |
| <input type="checkbox"/> Currently under CMHT | <input type="checkbox"/> No known mental health needs |

Current mental health worker / team	Crisis plan in place?
Current risk to self	Current risk to others

Mental health risks, triggers and support required

11. Substance use and recovery needs

- | | |
|---|--|
| <input type="checkbox"/> No substance use disclosed | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Cannabis use | <input type="checkbox"/> Class A substance use |
| <input type="checkbox"/> Prescription medication misuse | <input type="checkbox"/> In recovery |
| <input type="checkbox"/> Currently in treatment | <input type="checkbox"/> Requires recovery support |
| <input type="checkbox"/> Risk of relapse | <input type="checkbox"/> Needle use disclosed |

Substance misuse service involved
Testing or treatment requirements
Current risk level
Substance use summary and impact on shared living

12. Offending, legal status and probation

- | | |
|---|---|
| <input type="checkbox"/> No offending history disclosed | <input type="checkbox"/> Previous conviction(s) |
| <input type="checkbox"/> Current charges pending | <input type="checkbox"/> On licence |
| <input type="checkbox"/> Probation supervision | <input type="checkbox"/> MAPPA involvement |
| <input type="checkbox"/> Restraining order in place | <input type="checkbox"/> Bail conditions |
| <input type="checkbox"/> Curfew / tag | <input type="checkbox"/> Arson risk |
| <input type="checkbox"/> Violence risk | <input type="checkbox"/> Sexual offence risk |

Probation officer name	Probation contact details
Licence conditions / restrictions	Exclusion zones
Offending history, risk details and suitability considerations	

13. Benefits, income and housing eligibility

- | | | |
|--|--|---|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> PIP |
| <input type="checkbox"/> ESA | <input type="checkbox"/> JSA | <input type="checkbox"/> No income |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Bank account active | <input type="checkbox"/> ID documents available |
| <input type="checkbox"/> Requires benefits support | <input type="checkbox"/> Rent arrears | <input type="checkbox"/> Debt concerns |

Current benefit status	Local authority homeless application status
Eligible for Housing Benefit / UC housing costs?	NRPF / immigration restrictions known?

Financial issues or documents required

14. Support needs and proposed support level

- | | |
|---|--|
| <input type="checkbox"/> Safety planning | <input type="checkbox"/> Domestic abuse support |
| <input type="checkbox"/> Benefits support | <input type="checkbox"/> Housing sustainment |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Life skills |
| <input type="checkbox"/> Emotional wellbeing | <input type="checkbox"/> Move-on planning |
| <input type="checkbox"/> Employment / training | <input type="checkbox"/> Education support |
| <input type="checkbox"/> Family court signposting | <input type="checkbox"/> Immigration signposting |
| <input type="checkbox"/> Probation compliance | <input type="checkbox"/> Recovery support |

Recommended support level - low / medium / high	Frequency of support required
Known engagement issues	Preferred support style
Support needs summary and outcomes sought	

15. Accommodation requirements and location risk

Preferred area	Areas to avoid
Reason for location restrictions	Room type required
En-suite required?	Ground floor required?
Pets / assistance animal	Expected length of stay

- | | |
|--|---|
| <input type="checkbox"/> Women-only accommodation required | <input type="checkbox"/> Confidential address essential |
| <input type="checkbox"/> No visitor access recommended | <input type="checkbox"/> Client can use shared kitchen |
| <input type="checkbox"/> Client suitable for shared lounge | <input type="checkbox"/> Single occupancy only |
| <input type="checkbox"/> Couples not suitable | <input type="checkbox"/> Other special requirements |

Additional property matching requirements

16. Suitability for shared supported accommodation

- | | |
|--|---|
| <input type="checkbox"/> Can live safely in shared accommodation | <input type="checkbox"/> Can manage basic self-care |
| <input type="checkbox"/> Can follow house rules | <input type="checkbox"/> Can engage with support |
| <input type="checkbox"/> No known risk to other residents | <input type="checkbox"/> May need increased monitoring |
| <input type="checkbox"/> Not suitable for shared housing | <input type="checkbox"/> Further risk assessment required |

Behavioural concerns, triggers, previous placement breakdowns or tenancy issues

17. Equality, cultural and communication needs

- | | |
|---|--|
| <input type="checkbox"/> Interpreter required | <input type="checkbox"/> Faith-sensitive support requested |
| <input type="checkbox"/> Cultural considerations | <input type="checkbox"/> Female staff required |
| <input type="checkbox"/> Disability adjustments | <input type="checkbox"/> Literacy support |
| <input type="checkbox"/> Digital access support | <input type="checkbox"/> Dietary requirements |
| <input type="checkbox"/> LGBTQ+ safety considerations | <input type="checkbox"/> No specific needs disclosed |

Details of equality, access, faith, culture or communication needs

18. Consent, information sharing and GDPR declaration

The client must understand that information provided on this form will be used to assess accommodation suitability, manage safeguarding risk, plan support and communicate with relevant agencies. Information should only be shared where there is consent, a lawful basis, safeguarding requirement, contractual requirement or vital interest.

- | | |
|---|--|
| <input type="checkbox"/> Client consent obtained | <input type="checkbox"/> Client consent not obtained - safeguarding reason |
| <input type="checkbox"/> Client understands purpose of referral | <input type="checkbox"/> Client agrees to agency contact |
| <input type="checkbox"/> Client agrees to support assessment | <input type="checkbox"/> Client agrees to housing benefit / UC support |

Client signature where available

--

Date
Referrer declaration name
Referrer signature
Date submitted

19. Documents to attach where available

- | | |
|--|--|
| <input type="checkbox"/> ID document | <input type="checkbox"/> Proof of benefits / UC journal |
| <input type="checkbox"/> Homeless application evidence | <input type="checkbox"/> Risk assessment |
| <input type="checkbox"/> MARAC summary | <input type="checkbox"/> Police reference |
| <input type="checkbox"/> Support plan | <input type="checkbox"/> Medical / mental health summary |
| <input type="checkbox"/> Probation licence conditions | <input type="checkbox"/> Court orders |
| <input type="checkbox"/> Immigration status evidence | <input type="checkbox"/> Previous tenancy information |

Documents attached / outstanding documents

SAFE HAVEN INTERNAL USE ONLY

This page is for Safe Haven staff only. It records triage, risk scoring, placement decision and audit trail. It should not be completed by external referrers.

20. Initial triage risk scoring

Risk area				
Domestic abuse risk	Historic / managed	Ongoing with safety plan	Immediate danger / perpetrator active	
Mental health risk	Stable	Current symptoms	Crisis / high self-harm risk	
Substance use	None / historic	Recovery / occasional use	Active high-risk use	
Risk to others	None known	Some concerns	Violence / arson / serious risk	
Shared living suitability	Suitable	Needs monitoring	Not suitable	
Location risk	Low	Some restrictions	Strict exclusion zones	
Support engagement	Likely	Uncertain	Unlikely / refuses	

Suggested guide: 7-10 low risk, 11-16 medium risk, 17-21 high risk. Final decision must consider professional judgement, safeguarding and property suitability.

21. Placement decision

- Accepted
 Accepted with conditions
 Further information required
 Declined - unsuitable
 Declined - no vacancy
 Escalate to safeguarding lead

Decision maker name	Role
Date decision made	Allocated property
Room number	Move-in date
Support worker allocated	Review date

Decision rationale and conditions of acceptance

22. Move-in checklist

- | | |
|---|---|
| <input type="checkbox"/> Room ready | <input type="checkbox"/> Welcome pack prepared |
| <input type="checkbox"/> Licence / occupancy agreement prepared | <input type="checkbox"/> House rules issued |
| <input type="checkbox"/> Fire safety briefing completed | <input type="checkbox"/> Emergency contacts recorded |
| <input type="checkbox"/> Support plan booked | <input type="checkbox"/> Benefits appointment booked |
| <input type="checkbox"/> GP registration discussed | <input type="checkbox"/> Risk assessment uploaded |
| <input type="checkbox"/> Incident log created | <input type="checkbox"/> Confidential address explained |

23. Final internal authorisation

Manager / safeguarding lead name	Signature
Date	Review required?