MLH

MARLON LEGACY HOMES CIC

SUPPORTED ACCOMMODATION

REFERRAL FORM

Important information - please read carefully

- All sections must be completed in full. Blank sections will not be accepted.
- If a section is not applicable, clearly state "Not Applicable" and explain why.
- If additional space is required, use the supplementary information section at the end.
- If an alternative format is required, contact Marlon Legacy Homes CIC to arrange appropriate adjustments.

Referral submission requirements

- Referrals must be submitted from a verified professional organisational email address (for example NHS, Local Authority, Probation or Housing Association). Personal email accounts will not be accepted.
- Supporting documentation must be properly labelled and originate from a verifiable professional source. Unverified documents or unauthenticated handwritten records will not be accepted.

Data sharing and information handling

- Information may be shared where necessary with Local Authority Housing Benefit Departments, the referring professional agency, and statutory bodies where legally required or necessary for safeguarding.
- In limited circumstances information may be shared without consent where required by a court order, legal obligation, official government authority, or serious safeguarding concerns.
- Wherever possible, the individual concerned will be informed before information is shared externally.
- By submitting this referral, the referrer confirms that the information is accurate, they have authority to share it, and they accept that Marlon Legacy Homes CIC will process it in accordance with legal requirements and safeguarding procedures.
- Where information sharing occurs, Marlon Legacy Homes CIC ensures that a formal Data Exchange Agreement is in place to protect data and ensure it is used only for legitimate and lawful purposes.
- The full Privacy Policy and Data Protection Procedures are available on request or can be viewed on the official Marlon Legacy Homes CIC website.

1. REFERRAL AGENCY DETAILS

Professional details of the organisation making the referral

Referral agency / organisation	
Contact details & professional email	
Referral agency phone number	
Reason for referral	This must be accurate. All referrals must meet the definition of a vulnerable adult.
Date of referral	

2. APPLICANT DETAILS

Applicant full name	
Address	
Contact number	
Date of birth	
National Insurance Number (NINO)	

Gender	
Ethnic origin (as defined by client)	
Next of kin & relationship	
Next of kin address	
Next of kin contact number	
In receipt of benefits?	Yes / No - details if applicable:

3. APPLICANT MEDICAL BACKGROUND / HISTORY

Social Worker / CPN / Probation Officer / other professional(s)	
GP name and address (if applicable)	
Mental Health Act / Community Treatment Order history	If yes, provide full details:
Mental health history	
Physical health history	
Present medication or treatment	

Current CPA details (if appropriate)	
Any other relevant information	

4. FORENSIC BACKGROUND

Required information

• Please include full details of current and previous offences. This information must be provided.

Current / previous offences and relevant forensic history	

5. SUPPORT GROUP / SUPPORT NEEDS

☐ Mental Health Problems

☐ Single Homeless with Support Needs

☐ Training, Education, Employment

☐ Leisure, Cultural, Faith, Informal Learning Activities

☐ Primary Health Care, Mental Health or Drug/Alcohol Services

☐ Accommodation / Housing

☐ Safeguarding: avoiding self-harm and/or causing harm to others / avoiding harm by others

☐ Independent Living Skills
☐ Inclusion in Community
☐ Social Isolation / Contact with Family / Friends
☐ Other (please specify)

Support needs / details	
Other concerns	

6. APPLICANT AUTHORISATION

Applicant declaration

• I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of supplementary information attached for housing purposes.

• I give permission for the outcome of this referral to be explained to the referral agency.

• I agree to participate in a support package including support planning and assessment.

• I would / would not like a copy of this referral (delete as appropriate).

Applicant name	
Applicant signature	
Date	

7. REFERRAL AGENCY AUTHORISATION

Name of referrer	
Signature of person making referral	
Position in company / organisation	
Date	

8. SUPPORTING DOCUMENTATION

☐ Risk assessment

☐ Support plan
☐ Psychiatric / clinical report
☐ Safeguarding information
☐ Legal / probation records
☐ Other relevant professional documentation

Documents attached / notes	

SUPPLEMENTARY INFORMATION

Use this page where additional space is required. Clearly identify the section each note relates to.

Section / question reference	
Additional information	

Submission reminder

- Check that all relevant sections have been completed.
- Clearly mark any non-applicable sections as Not Applicable and explain why.
- Ensure supporting documents are labelled and from a verifiable professional source.
- Submit using the official referral route provided by Marlon Legacy Homes CIC.