

What is your vulnerability

| | |
|-----------------------|--|
| Autistic spectrum | |
| Domestic abuse | |
| Food poverty/welfare | |
| Hearing impairment | |
| Homeless | |
| In debt | |
| In rent arrears | |
| Learning disability | |
| Mental Health | |
| Offending | |
| Older person 65+ | |
| Physical disability | |
| Rough sleeping | |
| Self-harming | |
| Self-neglecting | |
| Sight impairment | |
| Substance misuse | |
| Teenage pregnancy | |
| Young person under 25 | |
| Other | |

Age

| | |
|-----------------------|--|
| 18-24 | |
| 25-49 | |
| 50-59 | |
| 60+ | |
| Not entered/not known | |
| Refused to answer | |

Gender

| | |
|----------------------|--|
| Female | |
| Male | |
| Transsexual | |
| Cis-gender | |
| Non-binary | |
| Not entered/not know | |
| Refused to answer | |

Sexual Orientation

| | |
|---------------------------|--|
| Bisexual | |
| Does not want to disclose | |
| Gay man | |
| Heterosexual | |
| Lesbian | |
| Other | |

Status

| | |
|---|--|
| Full time student | |
| Part time student | |
| Full time work (24hrs+ per week) | |
| Works between 16hrs and 23 hrs | |
| Part time work (less than 16hrs per week) | |
| Government training/work programme | |
| Job seeker | |
| Long term disability/sickness | |
| Not seeking work | |
| Other | |
| Retired | |
| Not entered/not known | |
| Refused to answer | |

Disability

| | |
|-----------------------------|--|
| No | |
| Yes, please state | |
| Mobility | |
| Visual impairment | |
| Hearing impairment | |
| Progressive/chronic illness | |
| Mental Health | |
| Learning disability | |
| Autistic spectrum condition | |
| Other | |
| Does not wish to disclose | |

Religion

| | |
|---------------------------|--|
| Buddhist | |
| Christian | |
| Hindu | |
| Jewish | |
| Muslim | |
| None | |
| Not known | |
| Other religion | |
| Sikh | |
| Mixed other | |
| Does not wish to disclose | |

Ethnic group

| | |
|---------------------------|--|
| Asian Bangladeshi | |
| Asian Chinese | |
| Asian Indian | |
| Asian Pakistani | |
| Asian other | |
| Black African | |
| Black Caribbean | |
| Black British | |
| Black other | |
| Gypsy/Romany/Traveller | |
| Mixed White Asian | |
| Mixed White Black | |
| Mixed other | |
| Not entered/not known | |
| Other ethnic group | |
| Does not wish to disclose | |
| White British | |
| White Irish | |
| White other | |

Family Status

| | |
|----------------------|--|
| Single | |
| Single Pregnant | |
| Single Lone Parent | |
| Couple | |
| Couple with Children | |
| Couple expecting | |

Constituency

| | |
|--------------------|--|
| Edgbaston | |
| Erdington | |
| Hall Green | |
| Hodge Hill | |
| Ladywood | |
| Northfield | |
| Perry Barr | |
| Selly Oak | |
| Sutton Coldfield | |
| Yardley | |
| Outside Birmingham | |

Referral Route

| | |
|---------------------------------------|--|
| ACAP | |
| ASH Hub | |
| Community Mental Health Team | |
| Criminal justice agencies | |
| DA Hub | |
| Exempt Sector Accommodation Provider | |
| Health service/GP | |
| Housing Options Team | |
| Internal transfer | |
| Neighbourhood Network Services | |
| Offenders Hub | |
| Other | |
| Outreach Service | |
| Self-referral/direct application | |
| Social Housing Accommodation provider | |
| Social Services | |
| Substance misuse services | |
| Voluntary organisation | |
| Youth Hub | |

What support is needed

| | |
|----------------------------|--|
| Support with Accommodation | |
|----------------------------|--|

What Benefits do you receive

| Personal Independent Payment (PIP) | Standard | Enhanced |
|------------------------------------|----------|----------|
| Daily living | | |
| Mobility | | |

| | |
|--------------------------------|--|
| ESA | |
| JSA | |
| Universal Credits | |
| Working Tax Credits | |
| State Pension | |
| Pension Credits | |
| Private Pension | |
| Housing Benefit | |
| Council Tax Benefit | |
| Other | |
| Not in receipt of any benefits | |

| | |
|---|----------|
| Are you in Local Authority Care or currently receiving a care package? If Yes please provide details | Yes / No |
| | |

| | |
|--|----------|
| Are you registered with a GP? If Yes please provide details | Yes / No |
| GP Name | |
| GP Address | |
| GP Contact Number | |
| NHS Number | |

| |
|--|
| Please provide any medical information and details of any specific health problems |
| |

Do you have any history of the following?

| | |
|-----------------------------|-------------------------------------|
| Mental health treatment | Yes / No If Yes please give details |
| Details | |
| Criminal convictions | Yes / No If Yes please give details |
| Details | |
| Self Harm | Yes / No If Yes please give details |
| Details | |
| Alcohol or Substance misuse | Yes / No If Yes please give details |
| Details | |

Please provide any other relevant information eg interpreter/signer

Note: Birmingham Rathbone may at some point access or refer onto other appropriate organisations, to provide the best and most appropriate support. This would mean sharing this referral information with them. To enable us to do this please complete the consent section below.

| Consent | |
|---|----------|
| I agree that this information may be used by Birmingham Rathbone in dealing with other relevant organisations to provide me with services and support appropriate to my needs, and to send me information which may be of interest to me. | |
| Name: | |
| Signature: | |
| Date: | |
| Submitted by (please print name of person completing the form) | |
| Relationship to applicant and / or organisation | |
| Work/Home Telephone Number | |
| Mobile Telephone Number | |
| Email address | |
| Does the applicant consent and is aware of this referral? | Yes / No |
| Signature | |
| Date submitted referral | |

Please return your completed referral form to:

Birmingham Rathbone
 Morcom House
 Ledsam Street
 Ladywood
 Birmingham
 B16 8DN

Alternatively, you can email the completed referral form to ask@rathbone.co.uk