



Neighbourhood Support Officer Referral Form

Name	Mr Joseph Daniels
Address	135 Grenfell Tower, Lancaster West Estate, London, W11 1TQ
Date of birth	10/02/45
Contact details	Tenant has no phone. Son Samuel Daniels [REDACTED] Letter need to be addressed to his son who should be the first point of contact
Tenancy start date	17/10/83

Nature of vulnerability		
Practical support	Substance misuse	Rent arrears
Emotional support	Alcohol misuse	Other finances
Physical health	Domestic violence	Resettlement
Mental health	Family issues	ASB
Other		

Reason for referral
I am making the referral further to the email I received below: [REDACTED] I have done a referral for the OT to visit his property as he is having difficulty getting in & out of the bath. He also has mobility problems but does not want to use a walking stick and poor vision but he refuses to wear glasses.
Income details (including other benefits if any) Not known



Support Assessment Matrix

Need	Detail	Score 1-5
Preventing eviction		
Addressing rent arrears		
Understanding Housing Options		
Organising a move		
Advice to access services (e.g. GP or Job Centres)		
Setting up utilities		
Signposting to local support payment team or other agencies to assist with purchasing essential household goods		
Advice and support for managing debt and maximising income		
Advice and support for preparing for Universal Credit		



Managing mental health	
Learning disability	
Managing substance misuse including alcohol misuse	
Assessing health or social care services	
Accessing education or training services	
Language and communication needs	
Accessing OT services for aids and adaptations	
Safeguarding concerns (indicate if child or adult)	
Support with parenting and concerns with family welfare	
Possible risk to self or others	
Advice and support relating to ASB including perpetrator or complainant	
Any other issues that need identifying	



Total Score	27
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Low 1 4 8 12	Medium 14 16 20 22 24	High 26 28 30 +
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Has the customer given consent (please circle)		No. It was discussed at a meeting last week with the tenant present but he is not taking things on board.
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Referred by (enter name)	Jan Jones
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Outcome (please circle)	Approved	Declined
Approved/declined by (enter name)		
Reason for decision		

Allocated to (enter name)	
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Consent Information

I hereby give consent for my information to being obtained and shared as part of the multiagency work to help with the support needs of myself and my family

Name	
Signature	



Action Plan

Agreed Action Plan following referral

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Periodic review of Action Plan

Date	Update	Reviewed by


