



# SUPPORTED HOUSING ACCOMMODATION

## *SELF REFERRAL INFORMATION*



**Supporting families in need**

The Haybarn is the first phase of the Barns Project, the new Supported Housing Accommodation at Living Springs Family Centre for vulnerable children and their mothers. It is comprised of four independent one-bedroom flats to accommodate mothers-to-be and mothers with their babies/toddlers. One flat is slightly larger and would accommodate a mother with a small child and a baby together.

Each resident will be responsible for their own children, but staff will monitor and support according to the agreement made for each family.

The purpose of this accommodation is to provide short-term housing with the option of a high level of support for mothers who may have difficulty in learning how to parent or protect their children. This will normally be provided for a period of three months, up to a maximum of six months.

Each mother will be granted a licence agreement to live in a flat; they will need to pay a weekly rent, or claim Housing Benefit to cover this and will be expected to pay a separate amount to cover the cost of their utilities.

Residents in The Haybarn will be able to experience living independently, whilst at the same time having access to support at a level appropriate to their requirements.

This pack contains referral information relevant to your situation. We accept referrals from social services, other agencies, or self referral.

If you have any questions which relate to the accommodation itself or to the referral form, please contact us.

We look forward to hearing from you.

Jane Chapman

Centre Manager



LIVING SPRINGS SUPPORTED HOUSING - REFERRAL FORM  
**SELF REFERRAL**

**You as Parent(s)**

Parent(s) name (s): \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_

Address(\*): \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_ Telephone: \_\_\_\_\_

(\*)Second address (if you are living separately):

\_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Next of kin**

In case of emergency, please specify next of kin who should be informed

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Telephone (please give two numbers): \_\_\_\_\_

\_\_\_\_\_

**A. Current status of all children**

Name	D.O.B.	Legal status	Registered disabled Yes / No

**B. Details of referral**

1. Please list the reasons for requesting a placement in the supported housing accommodation.

2. Are there any specific issues / needs of your child/ren / pre-birth requirements which may require particular attention?

**YES / NO**

If yes, please give details:

3. What level of staff involvement, input or intervention do you feel is required?

4. Are you aware of any issues which may arise which would influence the stability of your residency?

**YES / NO**

If yes, please give details:

5. Are there any medical details or other information which would be essential information for workers who might be involved with you?

**YES / NO**

If yes, please tick as appropriate:

Diabetic     Asthmatic     Epileptic

Any medication - please specify: \_\_\_\_\_

Following a medical programme – please describe: \_\_\_\_\_

Under a Doctor’s direction: please give Doctor’s contact details:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**C. Dates and funding**

Details of proposed residency:

Anticipated arrival date

Is funding for your proposed stay in place already? **Yes / No**

If **Yes**, from where will the funding come? \_\_\_\_\_

If **No**, is part funding an option? \_\_\_\_\_

**D. Other Information**

Please provide any other information below which you feel would be of assistance

*over /.....*

## E. Agreement

If I take up an offer of supported accommodation at Living Springs, I will ensure as far as is possible that:

- 1) I abide by the terms of the Licence Agreement and the House Rules, both of which I will sign on arrival. (Sample copies of the Licence Agreement and House Rules are available from the Living Springs office).
- 2) a Housing benefit claim is in place on or before the first day of residency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

### Please send to:

Mrs Jane Chapman  
Centre Director  
Living Springs Family Centre  
Barratts Coppice Farmhouse  
Bridgnorth Road  
Stourton  
Stourbridge  
DY7 6QY

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Living Springs is a member of the West Midlands Child Care Consortium

Charity no: 1082726 Company no: 4014173