

MAKING ROOM APPLICATION FOR ASSESSMENT

All sections must be filled out. Incomplete referrals cannot be processed and will be returned.

Referral Details					
Name		Telephone		Age & Date of Birth	
Address		Postcode		Date of Referral	
Does this person know you are referring them for this assessment?	Yes		Has the person given consent for this referral to be made?	Yes	
	No			No	
If you have ticked 'No' to either of these sections can you please write a brief explanation in the space below.					
Please confirm Housing Type (✓)					
Homeowner		Private Landlord		Housing Ass.	
Other: <input style="width: 100%;" type="text"/>					
Details of Landlord / Housing Association	Name of Housing Ass.				
	Name of Housing Officer				
	Telephone		Email address		
Please provide the name and contact details of any other agencies involved in the support of this person					
Does this person pose a risk to a lone worker?			Yes		No
If you have ticked 'Yes' to this section can you please write a brief explanation in the space below.					
Referrer / Liaison Person Details					
<p>The Making Room programme requires a liaison person who will be a regular point of contact during the course of the programme. This person will be responsible for:</p> <ul style="list-style-type: none"> - Initial introductions - Access to the property - Joint working with staff - Expected to attend regular reviews - Other responsibilities which will be agreed during the assessment stage as these will differ depending on the individual. 					
As the person making the application for assessment will you also be the liaison person?				Yes	No
PLEASE NOTE THAT IT WILL NOT BE POSSIBLE TO ACCEPT THIS REFERRAL UNLESS A LIAISON PERSON IS NOMINATED WITH THE ASSESSMENT APPLICATION.					
Name of Liaison Person				Telephone	
Address of Liaison Person					
Email of Liaison Person					
Relationship of Liaison Person to Person Referred					
Is the person making the application for assessment the liaison person?			Yes		No
If you ticked 'No' to the question above, please complete the referrer details below.					
Name of Referrer				Telephone	
Address of Referrer					
Email of Referrer					
Relationship Referrer to Person Referred					
Reason for referral and relevant history (e.g. previous interventions, social isolation, pending eviction...)					

Please return this for to Making Room by:
 Emailing: makingroom@mrsindependentliving.org
 Mail: MRS Independent Living, Unit C1, 3 Bradbury Street, N16 8JN
 Fax: 0845 094 1612



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Information on the Client's Home

Have you visited the client's home and had access to inside?

Yes

No

If you have ticked 'No' to this section can you please write a brief explanation as to why not in the space below.

Referrer / Liaison Person Details

Can you please give a list of the rooms in this house and the conditions of each.*Please refer to the Clutter Image Rating guide available on our website here. [HYPERLINK]

*Please note that this is indicative and a comprehensive assessment will be completed by Making Room staff.

Room	Condition & Comments

Assessment of Problematic Living Conditions

Please indicate the extent of each.

Living Condition	None	Some	Severe	Comments
Rotten Food in House				
Insect / Rodent Infestation in House				
Large Number of Animals in House				
Animal Waste in House				
Clutter Outside the House				
Other:				

Client's Goals and Reasons for this Referral for an Assessment.

What would you like from this referral? Please list in order of priority.

- 1.
- 2.
- 3.

Have you discussed these with your client?

Yes

No

If you have ticked 'No' to this section can you please write a brief explanation as to why not in the space below.