



# Recovery Housing

## Referral Form

*Short-Term Step-Down Supported Living (4–12 Weeks)*

### Important Information

This form collects information required by Unity Support & Housing Group Ltd and Angel Oak Care Ltd to assess suitability for Recovery Housing — short-term step-down supported living (4 to 12 weeks) for adults aged 18+ who have stabilised after crisis or hospital discharge. **Recovery Housing is not a crisis house. We do not accept acute crisis placements.**

Please ensure every question is answered and supporting documentation is provided where requested.

### Not Suitable For (Phase 1 Recovery Housing):

- Acute crisis requiring emergency containment, constant observation, or intensive clinical monitoring
- Inpatient-level mental health care or immediate crisis intervention
- 24-hour supervised care or nursing-level provision
- Active unmanaged substance misuse requiring specialist detox or rehabilitation
- High-risk forensic presentations, serious violence risk, or MAPPAs cases requiring enhanced security
- Primary need is homelessness accommodation rather than recovery and step-down support
- Severe cognitive impairment or high-level learning disability needs requiring specialist 24-hour care

### Referral Checklist — Please Attach Where Available

- |   |   |
|---|---|
| <input type="checkbox"/> Discharge summary / current presentation | <input type="checkbox"/> CPA / care plan                          |
| <input type="checkbox"/> Risk assessment                          | <input type="checkbox"/> Current medication list / MAR            |
| <input type="checkbox"/> Safeguarding alerts / restrictions       | <input type="checkbox"/> Funding confirmation / brokerage contact |
| <input type="checkbox"/> Legal restrictions / licence conditions  |   |

Please return completed form to: **Unity Support & Housing Group Ltd**  
Unit 1 Park Lane Business Centre | Park Lane | Nottingham NG6 0DY  
Email: [info@unitysupportandhousing.org.uk](mailto:info@unitysupportandhousing.org.uk) | Tel: 07494 150 123

## PART ONE: Referrer Details

1. Referrer's name:	
2. Organisation:	
3. Role / job title:	
4. Telephone:	
5. Email:	
6. Date of referral:	

## PART TWO: Individual Details

7. Full name:	
8. Date of birth (DD/MM/YYYY):	
9. National Insurance number:	

10. Is the individual:

Male

Female

Other

11. Current address / ward / placement:	
12. Current accommodation type:	
13. Local authority area:	
14. Ethnicity:	
15. Nationality / immigration status:	
16. NHS number:	
17. GP name and surgery:	
18. Next of kin / emergency contact:	

## PART THREE: Clinical and Discharge Information

### 19. Referral source:

- Adult Social Care  Mental Health Team / CMHT  
 Hospital Discharge Team  Leaving Care Team  
 LD / Autism Team  Other (specify below)

If other, please specify:

### 20. Is the individual currently an inpatient?

- Yes  No

If yes, ward name and hospital:

Expected discharge date (if known):

### 21. What was the reason for admission or crisis?

### 22. Current clinical status:

- Stabilised  Stabilising  Medically fit for discharge

Please describe current presentation and functioning:

### 23. CPA or equivalent in place?

- Yes  No

If yes, care coordinator name and contact:

### 24. Section 117 aftercare?

- Yes  No  Not applicable

### 25. Current medication:

Please list current medications and whether self-administering or requiring prompting/administration.

## PART FOUR: Support Needs and Risk

### 26. Mental health diagnosis (current):

### 27. Substance or alcohol use (current and history):

### 28. Self-harm or suicidal ideation (current and recent history):

### 29. Physical health conditions or disability:

### 30. Autism / learning disability (diagnosed or suspected):

### 31. Offending history (summary):

### 32. Legal restrictions / licence conditions:

*Include licence conditions, restraining orders, injunctions, bail, curfews, non-association, exclusion zones.*

### 33. Risk level:

Low

Medium

High

*Note: Recovery Housing is not suitable for individuals assessed as high risk of serious violence, arson, or requiring 24-hour supervised care.*

### 34. Has a risk assessment been completed?

Yes — attached

Yes — not attached

No

*DOCUMENT REQUIRED: Please attach any risk assessment, CPA, or discharge summary.*

### 35. Safeguarding risks:

*Include exploitation risk, cuckooing, DA risk, known perpetrators, or risks posed to others.*

## PART FIVE: Daily Living and Independence

### 36. Can the individual manage the following independently?

Task	Yes	No	With support
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking / meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning / household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting / managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing night-time routine / sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to share communal areas appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 37. Key strengths, interests, and motivations:

## PART SIX: Expected Stay and Move-on

### 38. Expected length of stay:

- 4 weeks       6 weeks       8 weeks       12 weeks  
 To be determined

### 39. Expected move-on plan after Recovery Housing:

*E.g. independent tenancy, supported housing, return to family, specialist provision.*

### 40. Named professional who will remain involved:

Name, role and contact:

## PART SEVEN: Funding

### 41. How will the placement be funded?

- |   |  |
|---|--|
| <input type="checkbox"/> Commissioned placement (LA funded) | <input type="checkbox"/> Spot purchase |
| <input type="checkbox"/> Housing Benefit (exempt)           | <input type="checkbox"/> Section 117   |
| <input type="checkbox"/> CHC / NHS funded                   | <input type="checkbox"/> Other         |

If other, please specify:

42. Commissioning / brokerage

contact:

43. Purchase order or authorisation  
reference:

### 44. Housing Benefit status:

- |   |   |
|---|---|
| <input type="checkbox"/> Currently in payment | <input type="checkbox"/> To be applied for  |
| <input type="checkbox"/> UC housing element   | <input type="checkbox"/> N/A (fully funded) |

## PART EIGHT: Reason for Referral and Expected Outcomes

Please include 3 to 5 measurable outcomes for the 4 to 12 week stay (e.g. medication compliance, GP registration, benefits stabilised, relapse prevention plan, independent living skills, move-on secured).

### 45. Why is Recovery Housing being considered and what outcomes are hoped for?

## PART NINE: Declaration and Consent

### 46. I understand and agree with the following:

- Unity Support & Housing Group Ltd and Angel Oak Care Ltd will use this information to determine whether a placement can be offered.
- Angel Oak Care Ltd (CQC-registered) will deliver personal care and support; Unity will provide housing.
- Relevant information may be shared between Unity Support & Housing Group Ltd, Angel Oak Care Ltd, and partner agencies involved in care.
- The individual has been consulted about this referral.
- Recovery Housing is not a crisis house. The individual must be stabilised and assessed as suitable.
- If inaccurate or incomplete information is provided, any placement offer may be withdrawn.

*We will process personal information in line with UK GDPR and retain it only as long as necessary for assessment, placement decisions, and legal requirements.*

### 47. I declare that the information I have provided is correct and complete.

<b>Signature:</b>	
<b>Print name:</b>	
<b>Date (DD/MM/YYYY):</b>	
<b>Relationship to individual:</b>	

### 48. Individual's consent:

I agree to this referral and understand that Recovery Housing is a short-term step-down placement requiring my active engagement with the support plan.

<b>Signature:</b>	
<b>Print name:</b>	
<b>Date (DD/MM/YYYY):</b>	

#### If the individual cannot sign today:

Please confirm capacity status and who is providing consent or authority (e.g. best interests decision, advocate, or professional authority).

<b>Capacity status:</b>	
<b>Name and role of person providing consent:</b>	

### This is the end of the form.

*Thank you for completing this referral. Unity Support & Housing Group Ltd aims to review and respond within 5 working days.*