S.A.I.L. Ltd

Supported Living & Specialist Support Services

Thank you for your enquiry and interest in SAIL Ltd.

We provide supported living and specialist support for adults experiencing **homelessness, addiction, mental health challenges, and other complex needs**. Our service is designed to offer a safe, structured, and compassionate environment for individuals who require more than standard accommodation-based support.

Our Service Levels

We currently offer three levels of support, depending on the individual's needs and risks:

1. Core Supported Living

For individuals who require structured daily support within a safe and stable environment.
This may include:

- Medication support
- Daily welfare checks
- Support with appointments and life skills
- Nutrition support and balanced meals
- Risk assessment and management

2. Move-On Support

For individuals who are progressing towards greater independence but still benefit from continued support.
This level focuses on:

- Maintaining stability
- Relapse prevention
- Independent living skills
- Reduced but consistent staff involvement

3. Specialist Assessments

We provide short-term placements and assessments for individuals with complex or high-risk needs.
These assessments help determine:

- Appropriate support level
- Risk profile
- Long-term accommodation or care pathways

Our service includes **enhanced staffing and a 24/7 on-site presence**, allowing us to safely support individuals with higher levels of risk and need.

Referrals

Please find enclosed:

- A **blank referral form**
- An **example support letter** to assist with your submission

Once completed, referrals can be returned via email or WhatsApp. All referrals are reviewed carefully to ensure suitability for both the individual and the service.

If you have any questions or would like to discuss a referral before submission, please do not hesitate to contact us.

Kind regards,

Andrew Forrest
Director
SAIL Ltd
01922 612090
andrew@supportinghomeless.org
website: supportinghomeless.org

REFERRAL FORM – SUPPORTED LIVING (MEN ONLY)

Please complete this form as fully as possible.

Incomplete referrals may be delayed or declined. Submission of this form does not guarantee acceptance.

SECTION 1: REFERRER DETAILS	
Referrer Name:	Organisation / Service:
Role / Job Title:	Phone Number:
Email Address:	Date of Referral:
Urgency of Placement (Immediate / Within 7 days / Flexible):	
SECTION 2: REFERRAL TYPE	
☐ Stabilised / Move-On Placement	
☐ Long-Term Supported Placement	
☐ Short-Term / Assessment Placement (4–12 weeks)	
SECTION 3: APPLICANT DETAILS	
Full Name:	Date of Birth:
Age:	Current Address / Location:
National Insurance Number (if known):	GP Registered? (Yes / No) If yes, GP details:

SECTION 4: SUPPORT & FUNCTIONING	
Primary Support Needs (tick all that apply):	
☐ Mental Health	☐ Substance Misuse
☐ Physical Health	☐ Learning Difficulties
☐ Homelessness History	☐ Offending History
☐ Medication Support	☐ Life Skills / Daily Living
Current Level of Support Required (brief description):	

SECTION 5: RISK INFORMATION (ESSENTIAL)	
Please disclose all known risks. Failure to disclose may result in placement termination.	
History of Violence (Yes / No). If yes, details and dates:	
Sexual Offences or Sexual Harm History (Yes / No). If yes, details:	
Arson or Fire-Setting History (Yes / No). If yes, details:	
Self-Harm / Suicide Risk (Yes / No). If yes, current risk level:	
Safeguarding Concerns (Yes / No). If yes, details:	

SECTION 6: LEGAL STATUS	
On Probation? (Yes / No)	
If yes, Probation Officer Name & Contact Details:	
Licence Conditions / Bail Conditions (attach if applicable):	
SECTION 7: FINANCIAL INFORMATION	
Current Income / Benefits:	
Housing Benefit Status (Applied / In Payment / Not Applied):	
Rent Contribution Expected (£ per week if known):	
Support Funding Source (if applicable):	
SECTION 8: MOVE-ON POTENTIAL (if applicable)	
Is the applicant motivated to move towards independence? (Yes / No)	
Estimated Length of Stay:	
Proposed Move-On Plan (if known):	

SECTION 9: ADDITIONAL INFORMATION	
Please provide any additional information relevant to this referral:	
SECTION 10: DECLARATION	
I confirm that the information provided is accurate to the best of my knowledge.	
Referrer Signature:	
Date:	

[YOUR LETTER HEAD]

[Your Address]
[Your contact number]

[Date]

Dear Supporting Adult Independent Living,

It is my opinion that [Client Name] is in need of accessing a supported living service.

[Client Name] is currently a patient/service user of ours and suffering with his [health issues] and also [addiction issues or other vulnerabilities]. [Client Name] would struggle living independently. [Client Name] would benefit from living in supported accommodation whilst he engages with local services. Please do not hesitate to contact us for any further information.

Kind regards

[Referer name]

[Referer contact details]