

## Housing Related Support Referral Form

### Person this form is about

First name	
Last name	
Date of birth	
NHS reference number	
Local Authority reference number	
Address	
Postcode	
Telephone	
Email	
Gender: Male / Female / Other	
Preferred language	

Are you a current / former member of the UK armed forces? Yes / No

### Person completing this form

First name	
Last name	
Job title	
Organisation	
Section	
Address	
Postcode	
Telephone	
Mobile	
Email	
Professional relationship	

### Household

Please give details of any adults who live with you:

First name	Last name	Date of birth	Relationship to you

Do you have any dependent children who live with you? Yes / No: \_\_\_\_\_

If yes, how many dependent children? \_\_\_\_\_

Are you pregnant? Yes / No: \_\_\_\_\_

If yes, what is your due date? \_\_\_\_\_

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## Current and historical services

Please give details of any services you currently or previously received. If relevant, please also indicate where a service is involved with other members of the household:

Service	Contact name	Contact details	Currently involved: Yes / No / Not known
Local Authority Homelessness Prevention Team			
Adult Social Services			
Children & Family Social Services			
Probation Service / Youth Justice			
Substance Misuse			
Mental Health			
Domestic Violence Support			
Other – please give details			

## Accommodation history

Please tick all that apply.

Never had independent accommodation	
Supported accommodation	
History of rough sleeping	
History of abandoning tenancies	
History of rent arrears	
History of evictions	
Prison	

Please provide any further details of accommodation history or other relevant information:

## Accommodation needs

Are you currently homeless? Yes / No	
Are you at risk of homelessness within the next 56 days? Yes / No	

What are your current housing circumstances? e.g. tenant / sofa surfing / rough sleeping

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What are the reasons for your current homelessness or risk of homelessness? Please tick all that apply.

Debt	
Overcrowding	
Relationship breakdown	
Fleeing domestic abuse	
Neighbour dispute	
Abandonment	
Offending	
Current rent arrears	
Difficulty managing rent	
Landlord dispute	
Landlord issued notice	
Unable to cope	
Eviction – please give reason e.g. rent arrears, ASB	
Other – please give details	

Please provide any further details of accommodation needs or other relevant information including details of any area exclusions or preferences:

### Support needs

Do you require support to enable you to be independent? Yes / No: \_\_\_\_\_

Please explain what you would like to achieve with support. Please tick all that apply.

Preventing homelessness	
Budgeting skills	
Managing accommodation	
Feeling safe	
Safety of others	
Community involvement	
Education / employment / volunteering	
Managing relationships	
Setting up and managing first tenancy	
Other – please give details	
What do you feel would best support you to achieve your goals? Include what your friends / family / neighbours / community could do to support you	

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Do you have any support / accommodation preferences? Please tick all that apply.

Self-contained supported housing	
Shared supported housing	
Supported lodgings	
Short term hostel	
Floating support – this means that a support worker can support you while you're in your own home for up to 12 months, or on a 'pre-tenancy' basis for up to 3 months if you don't currently have accommodation. Pre-tenancy support can work with you while you look to secure independent or supported accommodation.	

Other – please give details:

## Risk

Please note that this referral form will not be accepted if this section is not completed.

Has a current risk assessment been completed, that can be shared with support providers? Yes / No	
Is the person this form is about a known risk to self? Yes / No. If yes, give details below.	
Is the person this form is about a known risk to others? Yes / No. If yes, give details below.	
Does the person this form is about have a known history of offending? Yes / No. If yes, give details below.	
Is the risk unknown? Yes / No. If yes, give details below.	

Please give details of all known risks or reasons not known:

Signature of person completing this form: \_\_\_\_\_

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

I understand that the information I have provided will be processed by Denbighshire County Council for the purpose of referring for housing related support services.

I understand that this may involve Officers of Denbighshire County Council requesting additional information from other services. These may include (but not restricted to): Social Services, Health, Homelessness Prevention Team, Police, Probation, YOT, Housing Association, Hostel, and other places of residency. I understand that the purpose of this is to identify potential risks and to assist with identifying any support needs that I may have. I understand that the Homelessness Prevention Single Pathway Team may share this information with other agencies. I also understand that my anonymized data may be used/shared for research purposes.

I understand that the personal information I provide will be stored and processed in accordance with the Data Protection Act 1998 and that no third party recipients will be provided with my personal data without my consent unless required by law. I understand that I have the right to request a copy of the personal data held about me and to correct any inaccuracies.

Please mark this box if you consent for your information to be used in this way