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| --- | --- |
| **Person this form is about:**  |  **Person completing this form:** |
| First Name |  | First Name |  |
| Last Name |  | Last Name |  |
| Date of Birth |  | Age: |  | Job Title |  |
| NHS Ref. |  | Organization |  |
| LA Ref. |  | Section |  |
| Address |  | Address |  |
|  |  |  |  |
| Postcode |  | Postcode |  |
| Telephone |  | Telephone |  |
| Email |  | Mobile |  |
| Gender | Man [ ]  Woman [ ]  Non-binary [ ]  | Email |  |
| Preferred language |  | Professional Relationship  |  |

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| Are you a current/previous member of the UK armed forces? Yes [ ]  No [ ]   |

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| **Household****Please give details of any adults who live with you** *First Name Last Name Date of Birth Relationship to you*

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**Do you have any dependent children who live with you?** Yes [ ]  No [ ]  If yes, how many? **Are you pregnant?** Yes [ ]  No [ ]  If yes, due date  |
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| **Current & Historical Services**(if relevant, please also indicate where a service is involved with other members of the household) |
| **Service** | **Contact Name** | **Contact Details** | **Currently involved?** |
| Local Authority Homeless Team |  |  | Yes [ ]  No [ ]  Unknown [ ]   |
| Adult Social Services |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Children & Family Social Services |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Probation Service / Youth Justice |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Substance Misuse  |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Mental Health |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Domestic Violence Support |  |  | Yes [ ]  No [ ]  Unknown [ ]  |
| Other  |  |  | Yes [ ]  No [ ]  Unknown [ ]  |

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| **Accommodation history** (please tick all that apply) |
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| Never had independent accommodation [ ]   | Supported accommodation [ ]   | History of rough [ ] sleeping  | History of abandoning [ ] tenancies |
| History of rent arrears [ ]   | History of evictions [ ]   | Prison [ ]    |  |

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| **Please use this space to provide any further details of accommodation history / other relevant information** |
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| **Accommodation needs**  |
| 1. **Are you currently homeless?** Yes [ ]  No [ ]
2. **Are you at risk of homelessness in the next 56 days?** Yes [ ]  No [ ]
3. **Current housing circumstances** (e.g. tenant, sofa-surfing, rough sleeping):
 |
| 1. **Reason(s) for current / risk of homelessness** (please tick all that apply)
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| 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 detail reason** (e.g. rent arrears, ASB):**Other** (please detail):  |

 |
| **Please use this space to provide further details of accommodation needs and any other relevant information** (please include details of any area exclusions or preferences) |
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| **Support needs** |
| 1. **Do you require support to enable you to be independent?** Y [ ]  N [ ]
 |
| 1. **Please explain what you would like to achieve with support** (please tick all that apply)
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| Preventing homelessness [ ] Safety of others [ ] Leading a healthy and [ ] active lifestyle **Other** (please detail): | Budgeting skills [ ]  Community involvement [ ] Education/employment [ ] /volunteering  |   Managing [ ] accommodation Managing [ ] relationships   |   Feeling safe [ ]  Setting up and [x]  managing first tenancy   |

 |
| 1. **Please indicate any support needs that are relevant to you**
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|  Domestic abuse [ ]  Alcohol use [ ]  Substance use [ ]  Offending history [ ]   |
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|  Vulnerable to [ ]  exploitation  |

 Physical/sensory [ ]  disability  | Vulnerable to abuse [ ] Learning disability [ ]  |   Learning difficulty [ ]  Developmental disorder [ ]  (e.g. autism) | Difficulty reading/writing [ ]  Care leaver [ ]  |

 Refugee status [ ]  Mental health [ ]  (Primary [ ]  Secondary [ ]  Undiagnosed [ ] ) If there is a mental health diagnosis, please specify:  **Other** (please detail):  |
| 1. **Please explain what you feel would best support you to achieve your goals**

(Please include things which you feel your friends / family / neighbours / community could do to support you) |
|  |
| **Please indicate any support / accommodation preferences** (please tick all that apply) |
| Floating support [ ]  Self-contained supported housing [ ]  Shared supported housing [ ] Supported lodgings [ ]  Short term hostel [ ] **Other** (please detail):**\***Floating support 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. |

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| **Risk****Please note that this referral will not be accepted if this section is not completed** |
| 1. **Has a current risk assessment been completed, which can be shared with support providers?** Yes [ ]  No [ ]
2. **Known risk to self?** Yes [ ]  No [ ]  (If yes, please detail below)
3. **Known risk to others?**  Yes [ ]  No [ ]  (If yes, please detail below)
4. **Is there a known history of offending?** Yes [ ]  No [ ]  (If yes, please detail below)

**If risk is unknown, please give reason(s) below**  |
| **Please use this space to provide further details of all known indications of risk to** **self**, **staff** or **other people** (please include details of any current orders)  |
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| --- | --- | --- | --- | --- |
| Person completing this form: | Signature: |  |  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 are not restricted to): Social Services, Health, Local Authority Homeless Team, Police, Probation, YOT, Housing Associations, Hostels, 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 Supporting People 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** [ ]  |  |  |
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