

**Person this form is about:**

**Person completing this form:**

First Name			
Last Name			
Date of Birth		Age:	
NHS Ref.			
LA Ref.			
Address			
Postcode			
Telephone			
Email			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Preferred language			

First Name	
Last Name	
Job Title	
Organization	
Section	
Address	
Postcode	
Telephone	
Mobile	
Email	
Professional Relationship	

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

## 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?

**Are you pregnant?** Yes  No  If yes, due date

## 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			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Adult Social Services			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Children & Family Social Services			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Probation Service / Youth Justice			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Substance Misuse			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Mental Health			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Domestic Violence Support			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>
Other			Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>

## Accommodation history (please tick all that apply)

Never had independent accommodation <input type="checkbox"/>	Supported accommodation <input type="checkbox"/>	History of rough sleeping <input type="checkbox"/>	History of abandoning tenancies <input type="checkbox"/>
History of rent arrears <input type="checkbox"/>	History of evictions <input type="checkbox"/>	Prison <input type="checkbox"/>	

**Please use this space to provide any further details of accommodation history / other relevant information**

## 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):

4. **Reason(s) for current / risk of homelessness** (please tick all that apply)

- |   |  |   |   |
|---|--|---|---|
| Debt <input type="checkbox"/>                     | Overcrowding <input type="checkbox"/>                  | Relationship breakdown <input type="checkbox"/> | Fleeing domestic abuse <input type="checkbox"/> |
| Neighbour dispute <input type="checkbox"/>        | Abandonment <input type="checkbox"/>                   | Offending <input type="checkbox"/>              | Current rent arrears <input type="checkbox"/>   |
| Difficulty managing rent <input type="checkbox"/> | Landlord dispute <input type="checkbox"/>              | Landlord issued notice <input type="checkbox"/> | Unable to cope <input type="checkbox"/>         |
| Eviction* <input type="checkbox"/>                | <b>*Please detail reason</b> (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)

## Support needs

1. **Do you require support to enable you to be independent?** Y  N

2. **Please explain what you would like to achieve with support** (please tick all that apply)

- |   |   |   |  |
|---|---|---|--|
| Preventing homelessness <input type="checkbox"/>                | Budgeting skills <input type="checkbox"/>                   | Managing accommodation <input type="checkbox"/> | Feeling safe <input type="checkbox"/>                          |
| Safety of others <input type="checkbox"/>                       | Community involvement <input type="checkbox"/>              | Managing relationships <input type="checkbox"/> | Setting up and managing first tenancy <input type="checkbox"/> |
| Leading a healthy and active lifestyle <input type="checkbox"/> | Education/employment /volunteering <input type="checkbox"/> |   |  |

**Other** (please detail): Angel needs supported accommodation

3. **Please indicate any support needs which are relevant to you**

- |  |  |  |   |
|--|--|--|---|
| Domestic abuse <input type="checkbox"/>              | Alcohol use <input type="checkbox"/>         | Substance use <input type="checkbox"/>                               | Offending history <input type="checkbox"/>          |
| Vulnerable to exploitation <input type="checkbox"/>  | Vulnerable to abuse <input type="checkbox"/> | Learning difficulty <input type="checkbox"/>                         | Difficulty reading/writing <input type="checkbox"/> |
| Physical/sensory disability <input type="checkbox"/> | Learning disability <input type="checkbox"/> | Developmental disorder (e.g. autism) <input type="checkbox"/>        | Care leaver <input type="checkbox"/>                |
| Refugee status <input type="checkbox"/>              | Mental health* <input type="checkbox"/>      | *Primary <input type="checkbox"/> Secondary <input type="checkbox"/> | Undiagnosed <input type="checkbox"/>                |

If there is a mental health diagnosis, please specify:

**Other** (please detail):

**4. 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.

**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)

Person completing this form:      Signature:       Date:

Your Housing Related Support Referral will be processed by Denbighshire County Council for the specific purposes of processing your housing related support needs under the Data Protection Act 2018. The Council will share your information where required to meet business or legal requirements.

If you feel that Denbighshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website, or by calling their helpline on 0303 123 1113.

For further information about how Denbighshire County Council processes personal data and your rights please see our privacy notice on our website – <https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx>