|  |  |  |
| --- | --- | --- |
|  |  | Please email this form to:  [supportingpeople@valeofglamorgan.gov.uk](mailto:supportingpeople@valeofglamorgan.gov.uk) |

## Housing-Related Support Referral & Risk Form (HRS)

*For floating support & supported housing schemes in the Vale of Glamorgan*

|  |  |
| --- | --- |
| **Referral Type** | **Supported Accommodation  Floating Support ☐ Both** |

**This form will not be processed unless all areas/questions written in Black and Bold are completed. If an incomplete form is received it will be returned directly to the person making the referral.**

*This referral form is available in Welsh upon request.*

1. **Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer** |  | **Date of Referral** |  |
| Position |  | **Agency** |  |
| **Contact Number** |  | E-mail |  |

1. **Homeless Status**

|  |  |
| --- | --- |
| **Is the applicant homeless?** | Yes  No |
| **If homeless have they attended an appointment with the Housing Solutions team?** | Yes  No |
| **If no please refer to the Housing solutions team.** | Date of appointment: |

1. **Applicant details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Title** |  |
| **DOB** |  | **NI No** |  | **Gender** |  |
| **Marital Status** |  | **Pregnancy Status** | **Yes**  **No** |

1. **Contact and Address details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Home Tel** | | **Applicant Mobile Tel** | **Applicant Email Address** |
|  | |  |  |
| Preferred Method of Contact OR alternative contact details | |  | |
| **Current Address or c/o address inc. postcode** |  | | |
| Is this address (please tick) | | Home  Work  Family  Friends  Solicitor | |
| Date Moved In | |  | |
| **Tenure (Renting, Housing Association, Local Authority or private, owner occupier, NFA etc.)** | | Owner Private Rent Housing Association  Friends Family  Local Authority NFA | |
| **Landlord Name & Address**  **(if applicable)** | |  | |
| **Is the applicant at risk of homelessness?** | | Yes  No | |
| **If yes please state reason for risk? (i.e. Eviction Notice)** | |  | |
| **Has the applicant got any outstanding/overdue payments on priority debts?** | |  | |
| **Does the applicant live alone?** | | Yes  No | |
| **If no, please detail (names, relationship, age etc.)** | |  | |
| **Dependent Children: (please list)** | |  | |

1. **Other details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the applicant have any communication issues?** |  | | |
| Are there any cultural issues we should be aware of? |  | | |
| **Please list any other type of support or services that are in place** |  | | |
| **Is the applicant under the care of CMHT? Please give details** |  | | |
| **Indicate issues of the applicant (please tick all that are relevant):** | **1.** Domestic Abuse  (Men, Women & Families) | | **9.** Chronic Illness (Inc. HIV & AIDS) |
| **2.**  Learning Disability | | **10.** Memory Loss/Dementia |
| **3.** Mental Health | | **11.** Vulnerable Young People (16-24) |
| **4.** Alcohol | | **12.** Vulnerable Person (25-54) |
| **5.** Substance Misuse | | **13.** Vulnerable Families |
| **6.**  Criminal Offending History | | **14.** Vulnerable Older Person (55+) |
| **7.** Physical/Sensory Disabilities | | **15.** Refugee Status |
| **8.**  Developmental Disorder | | **16.** Homeless/Potentially Homeless |
| **FROM THE ABOVE LIST please select the main support needs (number):** | **Primary Need** |  | |
| **Secondary Need** |  | |
| **Tertiary Need** |  | |

1. **Type of Support Needed –** please tick if relevant

|  |  |
| --- | --- |
| **Setting up / maintaining home & tenancy** | None  Low  Medium  High |
| **Finance & budgeting** | None  Low  Medium  High |
| **Dealing with correspondence** | None  Low  Medium  High |
| **Maintaining the safety & security of the home** | None  Low  Medium  High |
| **Living skills** | None  Low  Medium  High |
| **Access to training & employment** | None  Low  Medium  High |
| **Accessing the community** | None  Low  Medium  High |
| **Managing relationships** | None  Low  Medium  High |
| **Physical / mental health and wellbeing** | None  Low  Medium  High |

|  |  |
| --- | --- |
| **Brief overview of reasons for referral and support need information:**  **I.e. Substance misuse (type of substance) Health/Mental Health official diagnosis etc.** |  |
| **Details of risk to tenancy:**  **Details of any Order Seeking Possession, Suspended Possession Order, S21, Eviction Notice, Priority Debts** |  |

1. **Equalities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is applicant disabled?** | **Yes**  **No** | | **If yes give details:** |  |
| **Nationality** |  | | **Ethnic Origin** |  |
| **Sexuality** |  | | **Religion** |  |
| **Any dependent Children?** | **Yes**  **No** | | **Welsh Speaker** | **Yes – Fluent ☐ Yes – Learner ☐**  **No ☐** |
| **Transgender Identity** | **Yes**  **No** |

1. **Risk Indicators** (answering yes will not mean that the service user can’t have a service; it just enables us to make sure the most suitable provision can be provided for their needs)

|  |  |
| --- | --- |
| **Is there a current Risk Assessment available? *Please attach to this application (failure to do so may delay the application*** | Yes  No Don’t know |
| **Has applicant ever hurt anyone?** | Yes  No Don’t know |
| **Has applicant damaged any property/ belongings intentionally?** | Yes  No Don’t know |
| **Has applicant ever intentionally started a fire?** | Yes  No Don’t know |
| **Has applicant ever been in trouble with the police?** | Yes  No Don’t know |
| **Has applicant ever had a problem with illegal/prescription drugs or alcohol?** | Yes  No Don’t know |
| **Has applicant ever tried to take their own life?** | Yes  No Don’t know |
| **Has the applicant ever intentionally harmed themselves?** | Yes  No Don’t know |
| **Is applicant involved in sexual violence?** | Yes  No Don’t know |
| **Is the applicant required to register with the Police under the Sex Offenders Act 1997/the Sex Offences Act 2003?** | Yes  No Don’t know |
| **Has the applicant ever been violent towards a staff member of any organisation?** | Yes  No Don’t know |
| **Are there any risks concerning the applicants physical disability or mobility?** | Yes  No Don’t know |
| **Are there any risks around any medication the applicant takes?** | Yes  No Don’t know |
| **Is the applicant at risk from other people?** | Yes  No Don’t know |
| **Do workers need to know anything about the service user before entering their home?** | Yes  No Don’t know |

**Please indicate if joint visits will be required to support the applicant, or if support sessions should be carried out in a secure location i.e. Civic Offices**

**Joint Visits  Secure Location  Don’t know**

|  |
| --- |
| *Other Information:* |

|  |
| --- |
| *If you have answered yes to any of the above, please give more detail below, failure to do so may delay the application. Please continue overleaf if required*: |

1. **Current / Previous Support Received**

|  |
| --- |
| *(If known) please detail any previous/other current housing-related support received by applicant (floating or supported housing) including any exclusions* |

1. **Authorisation**

|  |
| --- |
| **Has the applicant consented to you sending this referral, along with the information contained, to the Council’s Supporting People Team / Supported Housing Gateway?**  Yes  No |
| **Have you advised and sought agreement from the applicant that information contained within this document will be forwarded to contracted support providers and may be shared with other agencies**?  Yes  No |
| **Has the applicant consented to the Supporting People Team contacting external agencies (i.e. Probation Services, NHS, Support Providers etc.) to obtain additional information regarding risk?**  Yes  No |

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must state that verbal consent has been given and the date and time it was given for a referral to be made.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s Signature:** |  | | | **Date:** |  | |
| **Or applicant’s verbal consent to referral: Yes  No** | | | | | | |
| **Date verbal consent given:** | |  | **Time verbal consent given:** | | |  |
| **Referrer’s Signature:** |  | | | **Date:** |  | |