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|  |  | Please email this form to:supportingpeople@valeofglamorgan.gov.uk |

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

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

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| --- | --- |
| **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**

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

1. **Homeless Status**

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| --- | --- |
| **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**

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| --- | --- | --- |
| **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**

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| **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

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| **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 [ ]  |

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| **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**

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| --- | --- | --- | --- |
| **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)

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| --- | --- |
| **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** [ ]

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| *Other Information:* |

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| *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**

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

1. **Authorisation**

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| **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.

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| **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:** |  |