



Housing Support Service Referral Form (Generic)

This form is used to identify the range of issues that may be affecting your housing support needs.

It is also used to gather information that is used to help plan and develop support services.

Failure to complete relevant sections of this form could result in delays in processing the application.

1.0 Applicant's Details:

Title: Mr Mrs Ms Miss

Full Name of Applicant:

Sex: Male Female **Date of Birth:**

National Insurance No:

British Citizen: Yes No

Tel No: **Mobile No:**

Current Address: _____

Postcode: _____

Type of Tenure: _____

<input type="checkbox"/> Local Authority Temporary	<input type="checkbox"/> Bed & Breakfast
<input type="checkbox"/> Local Authority Secure	<input type="checkbox"/> Housing Association (identify)
<input type="checkbox"/> Voluntary/Charitable Organisation	<input type="checkbox"/> Private Rented
<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Staying with family/friends

Date Moved into current accommodation: _____

1.1 Other Household Members:

Do you currently live with a partner?

Yes

No

If yes, please enter your partner's name and date of birth in the box below:

Name

Date of Birth

Do you have any dependants who need to be accommodated with you? If so, please enter the following details:

	Full Name	Date of Birth	Relationship to You
1 st dependant			
2 nd dependant			
3 rd dependant			
4 th dependant			
5 th dependant			
6 th dependant			

1.2 Equal Opportunities

Ethnicity

How would you describe yourself?

White <input type="checkbox"/> British <input type="checkbox"/> European <input type="checkbox"/> Irish <input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Scottish	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean	Other Groups <input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy / Traveller <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yemeni
Asian or Asian British <input type="checkbox"/> British Born Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Sri Lank an	Black or Black British <input type="checkbox"/> Black British <input type="checkbox"/> African <input type="checkbox"/> African Somali <input type="checkbox"/> Caribbean	Other (please state)

How would you describe your sexual orientation?

<input type="checkbox"/> Heterosexual <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Bi-sexual	<input type="checkbox"/> Gay/lesbian
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How would you describe your religious beliefs?

<input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Methodist	<input type="checkbox"/> Hindu <input type="checkbox"/> Moslem <input type="checkbox"/> Jain <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Shinto	<input type="checkbox"/> Rastafarian <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)
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Which languages do you speak?	
Fluent <input type="checkbox"/> Read and write <input type="checkbox"/>	Read only <input type="checkbox"/> Conversational <input type="checkbox"/> Basic <input type="checkbox"/>
What is your first language?	

Asylum Seeker Status

Are you an Asylum Seeker/Refugee?

YES / NO / DON'T KNOW

If 'NO', please go to next section.

Only answer this section if you have Asylum Seeker Status

If 'YES', do you have a Home Office letter granting you permission to stay or NASS 35 card?

YES / NO

Are you being supported by NASS?

YES / NO

What is your NASS reference number:

Are you in contact with the Welsh Refugee Council?

YES / NO

If you have applied for asylum where was this?

2.0 Housing Support Needs

Please tell us about any housing related support you feel you need to help you to either obtain accommodation or remain living in your home

2.1 Do you or any members of your household currently have: (please tick all that apply)

	Tick	Contact Name
A Social Worker		
A Community Psychiatric Nurse (CPN)		
A Probation Officer		
Any Support services		

2.2 Have you during the past 12 months been a victim of domestic abuse or felt threatened and controlled by your partner or family member? Please answer and tick box as appropriate

(For Support and Advice, please ring Domestic Abuse All Wales helpline - 0808 80 10 800)

	Tick box below if applies		Tick box below if applies
YES		NO	

2.3 There may be a number of issues that you feel have contributed to you needing support to obtain and/or maintain your accommodation. Please state whether you are affected by any of these areas of support needs.

Areas of Need	Tick if applies	Please tick one lead need
Domestic abuse/violent relationship (E1)		
Learning Difficulties (E2)		
Mental Health Issues (E3)		
Alcohol Dependency (E4)		
Drug Dependency (E5)		
Refugee with support needs (E6)		
Physical Disability (7)		
Young and Vulnerable (E8)		
Ex-Offender/At risk of re-offending (E9)		
Homeless/potentially homeless (E10)		
Chronic Illness (E11)		
Vulnerable Single Parent (E12)		
Vulnerable Two Parent Family (E13)		
Older Person (E14)		
Frail Elderly (E15)		
People with Sensory Impairment (E16)		
HIV and AIDS (E17)		
NO ISSUES		

2.4 Housing Issues

Examples of issues that can affect your housing needs are listed in the table below. Please indicate any areas which apply and provide an outline /or any additional information that are relevant to this referral.

Type of housing related support	Tick
Risks to personal /family safety	
Managing Accommodation	
Managing relationships/Relationship Issues	
Community/Neighbourhood Issues	
Managing money /budgeting /debts /benefit claims	
Accessing Education /Training & Learning opportunities	
Accessing Employment/Volunteering Opportunities	
Physical Health Issues	
Mental Health Issues	
Issues impacting on health and well-being	

Additional information

3.0 Risk Assessment for Housing Support

Are there any known issues regarding; (Please tick)

Area of potential risk	Yes	No
History of violence/aggression		
History of non-compliance with professional agencies:		
Due to mental ill health		
Due to alcohol misuse		
Due to drug/substance misuse		
Due to risk of abuse by others		
History of offending		
Environmental risks		
Any comments		

Does the applicant present a risk to any specific groups?

Group	Please tick as applies
Young Adults	
Older People	
Children	
Women	
Any Minority Groups	
Other	
Any other comments	

4.0 Applicant agreement for support referral. Yes No

If YES, Supporting People will contact you to arrange assessment visit. If NO, this form will be passed to Supporting People for data collation purposes

Applicant Signature

Date

5.0 Signature of referrer

Signature

Date

6.0 REFERRERS DETAILS (Please complete)

Applicant Referred for Housing Support Yes / No

Interviewing/Referring Officer:	
Telephone number	
Date of Application:	
Referrers address	
Referrers e mail address	

Housing Support Team

Contact details: Please return your completed referral to:-

Tracy Finnis, Senior Housing Support Officer
Monmouthshire County Council
Housing Support Services
Ty'r Efail
Lower Mill Field
Pontypool
Torfaen
NP4 0XJ

Telephone: 01633 740730
Fax: 01495 766157
E mail : housingsupportservice2@monmouthshire.gov.uk