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## Image result for TCBC

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

 *for floating support in Torfaen*

 ***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. **Area of Residence**

|  |  |
| --- | --- |
| **Does the applicant live in Torfaen?** | Yes [ ]  No [ ]  |
| **If no to the above please detail**  |  |

1. **Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name****(incl title)** |  | **Abritas Number****(if applicable)** |  |
| **DOB** |  | **NI No** |  | **Draig Number** **(if applicable)** |  |
| **Gender** |  | **Marital Status** |  | **Is applicant disabled?** | Yes [ ]  No [ ]  |
| **If disabled****give details:** |  |
| **Nationality** | British  | **Ethnic Origin** | White |

1. **Address details**

|  |  |
| --- | --- |
| **Current Address** |  |
| **Is this address (please tick)** | Home [ ]  Work [ ]  Family [ ]  Friends [ ]  Solicitor [ ]  |
| **Date Moved In** |  |
| **Landlord Name & Address****(if applicable)** |  |
| **Accommodation Type****(renting RSL or private, owner occupier, NFA etc)** |  |
| **Is the applicant at risk of homelessness?** | Yes [ ]  No [ ]  |
| **Reason for leaving last accommodation?** |  |
| **Does the applicant live alone?** | Yes [ ]  No [ ]  |
| **If no, please detail** |  |

1. **Contact details**

|  |  |  |
| --- | --- | --- |
| **Applicant Home Tel** | **Applicant Mobile Tel** | **Applicant Email Address** |
|  |  |  |
| **Preferred Method of Contact OR alternative contact details** |  |

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** |  |
| **Indicate issues of the applicant (please tick all that are relevant):** | **1.** Domestic Abuse (Men, Women & Families) [ ]  | **11.** Chronic Illness (inc HIV & AIDS) [ ]  |
| **2.**  Learning Disability [ ]  | **12.** Young Care Leavers [ ]  |
| **3.** Mental Health [ ]  | **13.** Young People (16 to 24 years) [ ]  |
| **4.** Alcohol [ ]  | **14.** Single Parent Families [ ]  |
| **5.** Substance Misuse [ ]  | **15.** Families [ ]  |
| **6.**  Criminal Offending History [ ]  | **16.** Single People (25 to 54 years) [ ]  |
| **7.** Refugee Status [ ]  | **17.** People aged 55+ [ ]  |
| **8.** Physical/Sensory Disabilities [ ]  | **18.** Memory Loss/Dementia [ ]  |
| **9.**  Developmental Disorder [ ]  | **19.** Generic [ ]  |
| **10.**Dual Diagnosis [ ]  | **20.** Multiple/Complex Needs [ ]  |
| **From the above list please confirm the 1st, 2nd & 3rd support needs:** |

|  |  |  |
| --- | --- | --- |
| 1st  | 2nd | 3rd |
|  |  |  |

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

|  |  |
| --- | --- |
| Setting up / maintaining home & tenancy | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Finance & budgeting | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Dealing with correspondence | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Maintaining the safety & security of the home | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Living skills | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Access to training & employment | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Accessing the community | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Managing relationships | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |
| Physical / mental health and wellbeing | None [ ]  A little [ ]  Some [ ]  A lot [ ]  |

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| **Brief overview of reasons for referral:*****Please remember that the main aims of these services are to support people to maintain/manage accommodation and independence.*****Note: this referral will not be processed unless this section is complete.** |  |

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 drugs 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 a joint visit is required for the initial contact assessment, or if an assessment in a safe place/neutral venue such as customer care should be undertaken *(This referral will NOT be processed unless this section is complete):***

**Lone Visit** [ ]  **Joint Visit** [ ]  **Neutral Venue** [ ]

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

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? 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 [ ]  |
| Have you advised and sought agreement from the applicant that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Torfaen Council. Additionally it may be used for research and statistical purposes where it is appropriate to do so? 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 for a referral to be made.

*I understand that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Torfaen Council. Additionally it may be used for research and statistical purposes where it is appropriate to do so. Information collected will be stored securely and used anonymously. Information collected may be shared with Bron Afon Community Housing, Hafan Cymru, The Wallich, Platfform, Cornerstone, Pobl and Cyfannol Women’s Aid, in the interests of housing support related research or for further provision of non-housing-related support services. Providers may also undertake additional background checks to attain further or undisclosed risk information.*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |  | Date: |  |
| Or applicant’s verbal consent to referral: Yes [ ]  No [ ]  |
| Referrer’s Signature: |  | Date: |  |

 Please return this completed form to:

Gateway@torfaen.gov.uk

If you have any difficulties completing on receipt the applicant will be contacted in order to undertake a Support Needs Assessment.