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| **Person this form is about:** | | | | **Person completing this form** | |
| First Name |  | | | First Name |  |
| Last Name |  | | | Last Name |  |
| Date of Birth |  | Age: |  | Job Title |  |
| NHS Ref. |  | | | Organization |  |
| LA Ref. |  | | | Section |  |
| Address |  | | | Address |  |
|  |  | | |  |  |
| Postcode |  | | | Postcode |  |
| Telephone |  | | | Telephone |  |
| Email |  | | | Mobile |  |
| Gender | Male ☐ Female ☐ Other ☐ | | | Email |  |
| Preferred language |  | | | Professional Relationship |  |

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

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| **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?  *First Name Last Name Date of Birth Relationship to you*   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Are you pregnant?** Yes ☐ No ☐ If yes, due date |
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| **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 ☐ N ☐ Unknown ☐ |
| Adult Social Services |  |  | Y ☐ N ☐ Unknown ☐ |
| Children & Family Social Services |  |  | Y ☐ N ☐ Unknown ☐ |
| Probation Service / Youth Justice |  |  | Y ☐ N ☐ Unknown ☐ |
| Substance Misuse |  |  | Y ☐ N ☐ Unknown ☐ |
| Mental Health |  |  | Y ☐ N ☐ Unknown ☐ |
| Domestic Violence Support |  |  | Y ☐ N ☐ Unknown ☐ |
| Other |  |  | Y ☐ N ☐ Unknown ☐ |

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| **Accommodation history** (please tick all that apply) |
| |  |  |  |  | | --- | --- | --- | --- | | Never had independent ☐accommodation | Supported ☐accommodation | History of rough ☐  sleeping | History of abandoning ☐tenancies | | History of rent arrears ☐ | History of evictions ☐ | Prison ☐ |  | |
| **Please use this space to provide any further details of accommodation history / other relevant information** |

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| **Accommodation needs** |
| |  |  |  | | --- | --- | --- | | * Is accommodation required? * Is Floating Support required to maintain a current tenancy? | Yes / No  Yes / No  Please delete as appropriate |  | |
| 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): |
| 1. **Reason(s) for current / risk of homelessness** (please tick all that apply) |
| |  |  |  |  | | --- | --- | --- | --- | | Debt ☐ | Overcrowding ☐ | Relationship breakdown ☐ | Fleeing domestic abuse ☐ | | Neighbour dispute ☐ | Abandonment ☐ | Offending ☐ | Current rent arrears ☐ | | Difficulty managing rent ☐ | Landlord dispute ☐ | Landlord issued notice ☐ | Unable to cope ☐ | | Eviction**\*** ☐  **\*Please detail reason** (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) |
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| **Support needs** | | |
| **Support needs:** | **Please provide details of needs and any other relevant information.** | |
| * What housing related support is required? * How long have these support needs been present? * Have you got any court appearances/curfews/’on tag’? | |  |

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| 1. **Do you require support to enable you to be independent?** Y ☐ N ☐ |
| 1. **Please explain what you would like to achieve with support** (please tick all that apply) |
| |  |  |  |  | | --- | --- | --- | --- | | Preventing homelessness ☐  Safety of others ☐  Leading a healthy and ☐active lifestyle  **Other** (please detail): | Budgeting skills ☐  Community involvement ☐  Education/employment ☐  /volunteering | Managing ☐accommodation  Managing ☐  relationships | Feeling safe ☐  Setting up and ☐  managing first tenancy | |
| 1. **Please indicate any support needs which are relevant to you** |
| |  |  |  |  | | --- | --- | --- | --- | | Domestic abuse ☐ Alcohol use ☐ Substance use ☐ Offending history ☐ | | | | | |  | | --- | | Vulnerable to ☐  exploitation |   Physical/sensory ☐  disability | Vulnerable to abuse ☐  Learning disability ☐ | Learning difficulty ☐  Developmental disorder ☐  (e.g. autism) | Difficulty reading/writing ☐  Care leaver ☐ |   Refugee status ☐ Mental health**\***  ☐ **\***Primary ☐ Secondary ☐ Undiagnosed ☐  If there is a mental health diagnosis, please specify:  **Other** (please detail):  Which of the above would you say was your main support need |
| 1. **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 (including abstinence based) ☐  Supported lodgings Age 16-21 ☐ Short term hostel ☐  **Other** (please detail):  **\***Floating support means that a support worker can support you while you’re in your own home 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) | |
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| --- | --- | --- | --- | --- |
| Person completing this form: | Signature: |  | Date: |  |
| Information provided above will be processed by Conwy County Borough Council and is necessary for the purpose of referring **for housing related support services**.  This may involve Officers of Conwy County Borough Council requesting additional information from other services. These may include (but are not restricted to): Social Services, Health, Local Authority Homeless Team, Police, Probation, YOT, Housing Associations, Hostels, and other places of residency. The purpose of this is to identify potential risks and to assist with identifying any support needs that you may have. The Supporting People Single Pathway Team may share this information with other agencies and your anonymized data may be used/shared for research purposes.    The personal information provided will be stored and processed in accordance with the General Data Protection Regulations (GDPR) and that no third party recipients will be provided with your personal data without your consent unless required by law. You also have the right to request a copy of the personal data held and to correct any inaccuracies.  Information will be retained by Conwy County Borough Council for a period of three years from the date of receipt. If you feel that Conwy County Borough Council has mishandled your personal data at any time you can make a complaint to the Information Commissioner's Office by visiting their website or by calling their helpline on 0303 123 1113.  For further information about how Conwy County Borough Council processes personal data and your rights please see our privacy notice on our website | | | | |