

Housing-Related Support Referral (Application) & Risk Form

This referral form is available in Welsh upon request.

1. Referrer details

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

2. Support Type required

Support Required	Support in my own home <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>
	Support to prepare for a tenancy <input type="checkbox"/>	Hostel/Refuge accommodation <input type="checkbox"/>

3. Area of Residence

If floating support: Does the applicant live in Merthyr Tydfil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If supported accommodation: has a local connection to Merthyr Tydfil been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to the above please detail		

4. Applicant details

Name (incl title)			Abritas Number (if applicable)	
DOB	NI No		WCCIS Number (if applicable)	
Gender	Marital Status		Is applicant disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If disabled give details:				
Nationality	Ethnic Origin			

5. Address details

Current Address					
Is this address (please tick)	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Family <input type="checkbox"/>	Friends <input type="checkbox"/>	Solicitor <input type="checkbox"/>
Date Moved In					

Landlord Name & Address (if applicable)	
Accommodation Type (renting RSL or private, owner occupier, NFA etc.)	
Are you at risk of homelessness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving last accommodation?	
Do you live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please detail who are/will be living in your home	

6. Contact details

Applicant Home Tel	Applicant Mobile Tel	Applicant Email Address
Is it safe to leave a message?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preferred Method of Contact OR alternative contact details		

7. Other details

Do you have any communication issues you would like us to consider? If so, please detail:				
Please list any other type of support or services that are in place (please list agencies if applicable)				
Please outline the issue that is most relevant to you (please tick all that are relevant):		Primary Need	Secondary Need	Third Need
	Women experiencing Domestic Abuse			
	Men experiencing Domestic Abuse			
	People with Learning Disabilities			
	People with Mental Health Issues			
	People with Substance Misuse Issues (Alcohol)			
	People with Substance Misuse Issues (Drugs and volatile substances)			
	People with Criminal Offending History			
	People with Refugee Status			
	People with Physical and/or Sensory Disabilities			
	People with Developmental Disorders (i.e. Autism)			
	People with Chronic Illnesses (including HIV, Aids)			
	Young People who are Care Leavers			
	Young People with Support Needs (16-24)			
	Families with Support Needs			
	Single Parent Families with Support Needs			
	Single People with Support Needs not listed above(25-54)			

	People over 55 years of age with Support Needs			
	Generic floating support to prevent homelessness			

8. Type of Support Needed – please tick if relevant

Setting up / maintaining home & tenancy	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Finance & budgeting	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Dealing with correspondence	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Maintaining the safety & security of the home	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Living skills	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Access to training & employment	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Accessing the community	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Managing relationships	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Physical / mental health and wellbeing	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>

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

9. Consent to Share Information

I give the Housing Support Grant Team permission to share information recorded on this form with other Agencies or organisations; that may be able to meet my needs through the provision of advice and support. I consent to other services providing the Housing Support Grant Team with information that may help with the co-ordination and provision of advice, support or financial services to meet my individual needs.

Privacy Notice:

Merthyr Tydfil County Borough Council is committed to upholding your privacy rights. We will only use your personal information for lawful purposes. If you would like to find out more about how we use your personal information please read our privacy notices which are available on our website (<https://www.merthyr.gov.uk/council/data-protection-and-freedom-of-information/privacy-notices/>). If you have any concerns or would like to know more about data protection compliance please contact our Data Protection Officer on 01685 725329 or data.protection@merthyr.gov.uk

You have a number of rights under the General Data Protection Regulation (GDPR). You have the right to access the personal information that we process about you and, if you believe that the personal information is incorrect or incomplete, to have it corrected or deleted.

You have the right, in certain circumstances, to block the processing of your data and the right to object to some types of processing. You also have the right to lodge a complaint to the Housing Support Grant Team or the Information Commissioner's Office UK.

10. Authorisation

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must ensure the applicants has agreed to be referred to the service and understands how their information will be used.

Applicant's Signature:		Date:	
Referrer's Signature:		Date:	

FOR PROFESSIONALS ONLY:

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? <i>Please attach to this application (failure to do so may delay the application)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has applicant ever hurt anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has applicant damaged any property/ belongings intentionally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has applicant ever intentionally started a fire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has applicant ever been in trouble with the police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has applicant ever had a problem with illegal drugs alcohol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has the applicant ever intentionally harmed themselves?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is applicant involved in sexual violence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is the applicant currently required to register with the Police under the Sex Offenders Act 1997/the Sex Offences Act 2003?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has the applicant ever been violent towards a staff member of any organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Are there any risks concerning the applicants physical disability or mobility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Are there any risks around any medication the applicant takes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is the applicant at risk from other people?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Do workers need to know anything about the service user before entering their home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Please indicate if a joint visit is required for the initial contact assessment, or if an assessment in a safe place should be undertaken:

Lone Visit Joint Visit Safe/Public Space

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

PLEASE RETURN THE FORM TO

**HOUSING SUPPORT PROGRAMME
MTCBC
ROOM 304A
CIVIC CENTRE
CASTLE STREET
MERTHYR TYDFIL
CF47 8AN**

TEL 01685 724690

EMAIL SupportingPeople@merthyr.gov.uk