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Referral to Housing Matters

Supported Accommodation/Tenancy Support



53-55 Queens Road

Loughborough

Leicestershire

LE11 1HA

**Phone: 01509 642382**

Please send completed referral forms to Falcon Support Services via email or post. Alternatively, forms can be completed via telephone.

**Email: referralhub@falconsupportservices.org.uk**

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| **Privacy Notice – Data Protection Act 1998**  Housing Matters collects and holds personal data about service users for whom they provide accommodation and support. We use this data to:   * Make decisions about your support needs * Help us to work with you and agree the support you need * Make sure your accommodation and support is safe and effective * Work effectively with others you may also provide you with support * Make sure we manage our services effectively   This includes personal characteristics and sensitive information relevant for the services we provide. We may also collect personal data which is categorised as special category data. The information we collect may be stored electronically, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure.  We will not disclose any information that you provide ‘in confidence’ to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone at risk.  On occasion, we will provide personal information to external organisations who are working with us on a specific project or delivery of specific services. This is done under strict agreements regarding the security and confidential use of all personal data. |

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| **Service requested:** | **Housing Matters (Tenancy Support)**  **Housing Matters (Accommodation)** |

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| **Referrer’s Details** | | | |
| **Name** |  | | |
| **Job Title** |  | | |
| **Agency** |  | | |
| **Email Address** |  | | |
| **Telephone** |  | **Date Referred** |  |

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| **Client Personal Details** | | | |
| **Title** |  | **Name** |  |
| **Date of Birth** |  | **Telephone** |  |
| **NI Number** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Email Address** |  | | |
| **First Language** |  | **Interpreter Needed** | Yes  No |
| **Pets** | Yes  No | **Details** |  |

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| **Members of the Household (children, partner, etc., ) \*For Housing Matters Tenancy Support only** | |
| **Number of people in the household** |  |
| **Please list all the Names, DOB, Relationship of all dependants and non-dependants** |  |

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| **Alternative Contact** *(for contacting regarding appointment times etc.)* | |
| **Name** |  |
| **Telephone** |  |
| **Relationship to Service User** |  |
| **Address** |  |

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| **Next of Kin** *(for contacting in an emergency)* | |
| **Name** |  |
| **Telephone** |  |
| **Relationship to Service User** |  |
| **Address** |  |

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| **Source of Income** *(please tick)* | | | |
| Full time employment | Part time employment | DLA /PIP | Income Support |
| Child Benefit | ESA | JSA | Pension |
| Pension Credit | Housing Benefit | Attendance Allowance | Bereavement Benefits |
| Carer’s Allowance | Guardians Allowance | Maternity Allowance | Child Tax Credit |
| Working Tax Credit | Universal Credit |  |  |
| Other | Click here to enter text. | | |

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| **Known Medical History** | |
| **Any known disabilities/physical conditions** |  |
| **History of mental health issues or emotional triggers** |  |
| **Medication details** |  |
| **Further information** |  |

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| **Needs/Risk Assessment** | |
| **History of substance misuse**  **(If yes, detail what and when last taken)** |  |
| **Criminal offences & involvement with the Police** *(please attach pre-cons if current probation/YOS Worker)* |  |
| **Are they currently tagged? (If yes, please state date this ceases)** | Yes  No |
| **Are any exclusion orders in place? (If yes, please detail where)** | Click here to enter text. Yes  No |
| **History of Violence (provide details)**  Perpetrator  Victim |  |
| **Other** *(please state)* | Click here to enter text. |
| **Literacy Problems/Learning Difficulties** |  |
| **Difficulties Reading, Writing, or Speaking English** |  |
| **History of Exploitation, Vulnerability or Domestic Violence (provide details)** |  |
| **Recent Major Life Changes** *(e.g. bereavement, relationship breakdown, ill health etc.)* |  |
| **Self-Neglect** *(i.e. poor hygiene, under/over medicating, malnourishment, inappropriate clothing etc.)* |  |
| **Are you aware of any risks to staff from the service user or anyone in the household?** *(if yes please give details including any risk posed by the property, environment and pets)* | Yes  No  Click here to enter text. |

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| **Housing Needs** | | | |
| **Has the Client made a Homeless Application?** *(if yes please give details)* | Yes  No  **If yes:**  Prevention  Relief  Full Duty Decision Issued  Yes  No  **If yes confirm outcome:**  **Has a PHP been issued?**  Yes  No  **Are they in temporary accommodation?**  Yes  No  Click here to enter text.  **Homelessness Reference Number:**  **Case Officer:** | | |
| **Has the Client been offered a new tenancy?** *(if yes please give address/landlord)* | Yes  No | | |
| **Are they a current tenant & is there any Legal Action that threatens their security of tenure?** | Yes  No  If yes:  NOSP or  NPP  Court Date for Possession  Suspended/Adjourned Possession  Warrant for Eviction | | |
| **Landlord** |  | | |
| **Rent Arrears** *(if any)* |  | **Date Moved in** |  |
| **Are they an Owner Occupier?** | Yes  No | | |
| **Give details of the housing support needed to prevent homelessness** |  | | |

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| **Details of 5 Year Housing History** *(please include boroughs and postcodes if known)* | | | | | |
| **Address** | **Landlord** | **From** | **To** | **Reasons for Leaving** | **Arrears** |
|  |  |  |  |  | Click here to enter text. |
|  |  |  |  |  | Click here to enter text. |
|  |  |  |  |  | Click here to enter text. |
|  |  |  |  |  | Click here to enter text. |
| **Local Authority/s where a Part 6 (Housing Register) Connection is Held** |  | | | | |
| **Reason for Local Connection** |  | | | | |
| **Local Authority/s where a Part 7 (Homeless) Connection is Held** |  | | | | |
| **Reason for Local Connection** |  | | | | |
| **Have they applied or stayed in this service before?** | Yes  No | | | | |
| **Is this person in Priority Need as defined by Section 189 of the Housing Act 1996 (as amended).** | Yes  No | | | | |

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| **Support Needs** | |
| **Does this service user require anybody to be with them at the assessment?** *(if yes please give details)* | Yes  No  Click here to enter text. |
| **Is the service user vulnerable?** | Yes *(give details why)*  No |
| **Is the service user ex-armed forces?** | Yes  No  Click here to enter text. |

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| **Does the service user have any other support workers?** | |
| **Name** | Click here to enter text. |
| **Agency** | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Agency** | Click here to enter text. |
| **Job Title** | Click here to enter text. |
| **Telephone** | Click here to enter text. |

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| **Client Consent**  *I hereby give permission for information relating to me and my housing/support needs to be recorded, processed and shared by, and between, the referring agency Nottingham Community Housing Association and Falcon Support Services (Housing Matters partnership).*  *I understand that references from previous accommodation/support providers may be sought.*  *I understand that my information will not be disclosed to third parties without prior consent (unless there is a risk of harm to myself/others or criminal activity)* | |
| **Print name** |  |
| **Date** |  |
| **Signed** |  |
| **If not available, verbal consent given?** | Yes  No |
| **Whilst accessing services from Housing Matters please tick any method of contact that you do not wish the organisation to contact you by.** | * Text Message * Email * Letter (our logo and address will be on the envelope) * Telephone Call * Another way (please detail) ………………………………………………………………………………………………… |
| **Agency referral only: Consent gained for referral to be sent and for referral details to be stored securely by Housing Matters** | ☐Yes ☐ No |

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| **Any other information you wish to share** |
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| As part of our ongoing commitment to Equal Opportunities, could you please complete this Equal Opportunities Monitoring Form. This information is only ever used anonymously and is collected to ensure that all of our services are accessible by all members of the local community. | | |
| **Equal Opportunities Monitoring Form**  *(For monitoring purposes please complete all sections. Tick only one box in each section)* | | |
| **Gender** | Male  Female  Non-binary  Transgender  Other………………………………………………………………………………………………….  Do not wish to disclose | |
| **Age** | 18-25  26-35  36-45  46-55 ☐  56+  Do not wish to disclose | |
| **Marital Status** | Single  Married  Separated  Living Together ☐  Divorced  Do not wish to disclose | |
| **Sexual Orientation** | Hetrosexual  Gay  Lesbian  Bisexual  A-sexual  Other………………………………………………………………………………………………….  Do not wish to disclose | |
| **Ethnicity/Race** | **White**  British  Irish  Other    **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other  **Other Ethnic Group** Arabic  Chinese Other | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other  **Black or Black British**  Caribbean  African  Other (please state)  Do not wish to disclose |
| **Do you consider yourself to have a disability** | Yes  No  Do not wish to disclose | |
| **Religion** | Christian  Muslim  Jewish  Hindu  Sikh  Jain  Buddhist  Spiritual  None  Do not wish to disclose | |
| **Nationality** | British or UK National  EEA County National  Non-EEA Country National  Do not wish to disclose | |