

Person this form is about:

Person completing this form:

First Name			
Last Name			
Date of Birth		Age:	
NHS Ref.			
LA Ref.			
Address			
Postcode			
Telephone			
Email			
Gender	Man <input type="checkbox"/>	Woman <input type="checkbox"/>	Non-binary <input type="checkbox"/>
Preferred language			

First Name	
Last Name	
Job Title	
Organization	
Section	
Address	
Postcode	
Telephone	
Mobile	
Email	
Professional Relationship	

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

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?

Are you pregnant? Yes No If yes, due date

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			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Adult Social Services			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Children & Family Social Services			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Probation Service / Youth Justice			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Substance Misuse			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Mental Health			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Domestic Violence Support			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Accommodation history (please tick all that apply)

Never had independent accommodation <input type="checkbox"/>	Supported accommodation <input type="checkbox"/>	History of rough sleeping <input type="checkbox"/>	History of abandoning tenancies <input type="checkbox"/>
History of rent arrears <input type="checkbox"/>	History of evictions <input type="checkbox"/>	Prison <input type="checkbox"/>	

Please use this space to provide any further details of accommodation history / other relevant information

Accommodation needs

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):

4. **Reason(s) for current / risk of homelessness** (please tick all that apply)

- | | | | |
|---|--|---|---|
| Debt <input type="checkbox"/> | Overcrowding <input type="checkbox"/> | Relationship breakdown <input type="checkbox"/> | Fleeing domestic abuse <input type="checkbox"/> |
| Neighbour dispute <input type="checkbox"/> | Abandonment <input type="checkbox"/> | Offending <input type="checkbox"/> | Current rent arrears <input type="checkbox"/> |
| Difficulty managing rent <input type="checkbox"/> | Landlord dispute <input type="checkbox"/> | Landlord issued notice <input type="checkbox"/> | Unable to cope <input type="checkbox"/> |
| Eviction* <input type="checkbox"/> | *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)

Support needs

1. **Do you require support to enable you to be independent?** Y N

2. **Please explain what you would like to achieve with support** (please tick all that apply)

- | | | | |
|---|---|---|---|
| Preventing homelessness <input type="checkbox"/> | Budgeting skills <input type="checkbox"/> | Managing accommodation <input type="checkbox"/> | Feeling safe <input type="checkbox"/> |
| Safety of others <input type="checkbox"/> | Community involvement <input type="checkbox"/> | Managing relationships <input type="checkbox"/> | Setting up and managing first tenancy <input checked="" type="checkbox"/> |
| Leading a healthy and active lifestyle <input type="checkbox"/> | Education/employment /volunteering <input type="checkbox"/> | | |

Other (please detail):

3. **Please indicate any support needs that are relevant to you**

- | | | | |
|--|--|---|---|
| Domestic abuse <input type="checkbox"/> | Alcohol use <input type="checkbox"/> | Substance use <input type="checkbox"/> | Offending history <input type="checkbox"/> |
| Vulnerable to exploitation <input type="checkbox"/> | Vulnerable to abuse <input type="checkbox"/> | Learning difficulty <input type="checkbox"/> | Difficulty reading/writing <input type="checkbox"/> |
| Physical/sensory disability <input type="checkbox"/> | Learning disability <input type="checkbox"/> | Developmental disorder (e.g. autism) <input type="checkbox"/> | Care leaver <input type="checkbox"/> |
| Refugee status <input type="checkbox"/> | Mental health <input type="checkbox"/> (Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Undiagnosed <input type="checkbox"/>) | | |

If there is a mental health diagnosis, please specify:

Other (please detail):

4. 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
 Supported lodgings Short term hostel

Other (please detail):

*Floating support means that a support worker can support you while you're in your own home (for up to 12 months), or on a 'pre-tenancy' basis (for up to 3 months) 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)

Person completing this form: _____ Signature: Date:

I understand that the information I have provided will be processed by Denbighshire County Council for the purpose of referring for housing related support services.

I understand that this may involve Officers of Denbighshire County 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. I understand that the purpose of this is to identify potential risks and to assist with identifying any support needs that I may have. I understand that the Supporting People Single Pathway Team may share this information with other agencies. I also understand that my anonymized data may be used/shared for research purposes.

I understand that the personal information I provide will be stored and processed in accordance with the Data Protection Act 1998 and that no third party recipients will be provided with my personal data without my consent unless required by law. I understand that I have the right to request a copy of the personal data held about me and to correct any inaccuracies.

Please mark this box if you consent for your information to be used in this way