

IF YOU WOULD LIKE THIS INFORMATION IN ANOTHER FORMAT OR
NEED HELP TO COMPLETE THIS FORM PLEASE CONTACT
THE SUPPORTING PEOPLE TEAM ON
01685 724690

SUPPORTING PEOPLE REFERRAL FORM

Please ensure that the form is signed before returning. If you are completing this form on behalf of someone else please discuss the referral with them and ensure that they give consent to receive support.

Please tick the reason for completing this form; tick one box only.

- | | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| I need support in my own home | <input type="checkbox"/> | I need Supported Housing | <input type="checkbox"/> |
| I need support to prepare for a tenancy | <input type="checkbox"/> | I need hostel / refuge accommodation | <input type="checkbox"/> |

Date of completion of form: _____



Personal Details:

Surname: _____ Forename(s): _____

Date of Birth: _____ National Insurance Number: _____

Current Address: _____

Postcode: _____

Contact Telephone Number: _____ Is it safe to leave a message? YES/NO

Are you able to access the internet? YES/NO Email Address: _____

If we are unable to contact you, who would you like us to contact on your behalf?

Name: _____ Contact Telephone Number: _____

Ethnic Origin; please describe? _____

Gender: _____ Marital Status: _____ Nationality: _____

Please provide details of any religious or other beliefs? _____

Do you consider yourself disabled? YES/NO

If yes please give details _____

Do you have any specific Health Problems or difficulties?

Please describe; _____

Do you have any communication needs you would like us to consider

Hearing Impairment		Speech impairment		Visual impairment		Physical impairment	
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Other please give details _____

We need to know about your circumstances and why you need support;

Please tick if they apply

Owner Occupier	
Renting from a Housing Association	
Renting from a private landlord	
Living with family or friends	

Living in temporary accommodation/B&B/Hostel	
Leaving hospital	
In prison	
Care Leaver	
Armed service personnel/former armed service personnel	
Rough Sleeping	
Caravan/mobile Home	
Other, please provide details?	

If you are renting your home; who is your Landlord? _____

Is it a new Tenancy? Yes/No If no; Date of tenancy? _____

If yes; What is the start date of your tenancy? _____

What is your new address? _____

In relation to your current circumstances, could you tick which of the following applies to you?

Are you employed? Please provide details of your occupation	
Are you on a training course?	
Are you doing any volunteering?	

Specific Lead Needs

Please tick one of the following that applies to you?

Women experiencing Domestic Abuse		People with Developmental Disorders (i.e. Autism)	
Men experiencing Domestic Abuse		People with Chronic Illnesses (including HIV,Aids)	
People with Learning Disabilities		Young People who are Care Leavers	
People with Mental Health Issues		Young People with Support Needs (16 to 24)	
People with Alcohol Issues		Single Parent Families with Support Needs	
People with Substance Misuse Issues		Families with Support Needs	

People with Criminal Offending History		Single People with Support Needs not listed above (25 to 54)	
People with Refugee Status		People over 50 years of age with Support Needs	
People with Physical and/or Sensory Disabilities		Generic/Floating Support/Peripatetic	

If you consider yourself to be part of more than one need please list the others below?

SECOND		THIRD	
FOURTH		FIFTH	

Current Support Networks

Could you provide details of any other agencies that you are currently involved with?

AGENCY	CONTACT NAME	CONTACT TELEPHONE NUMBER

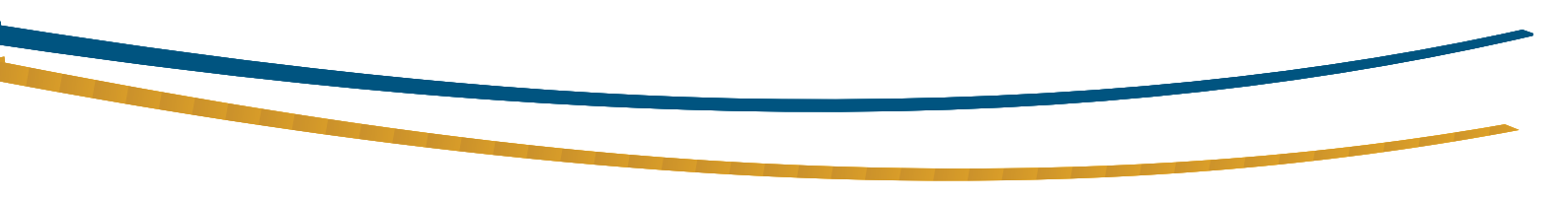
Family Circumstances

Could you provide details of who are/will be living in your home?

SURNAME	FORENAMES	GENDER	DATE OF BIRTH	RELATIONSHIP

Please tell us about all the things you need assistance with?

Please complete the following boxes that apply to your current circumstances;



<p>Is your accommodation at immediate risk: Yes/No If yes please give details:</p>
<p>Do you have rent/mortgage arrears; if so please tell us how much £ Have you made any arrangements to reduce the arrears? Yes/No Please provide details</p>
<p>Is any court action being taken against you? Please provide details? Eviction Date(if known):</p>
<p>Are you experiencing harassment or at risk of violence from others? Please provide details?</p>
<p>Release from prison Date of Release Please confirm any bail conditions:</p>
<p>Leaving Hospital Yes/No Date of discharge</p>
<p>Are you currently a looked after child in the care of Children's Social Services? Yes/No If yes please give details:</p>
<p>Are you currently serving in the armed forces or have you previously served in the Armed forces? Yes/No If Yes please give details:</p>

Please can you identify what housing related support issues you have?

Consent to Share Information

I give the Supporting People 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 Housing Services, Health Services, Community Services, Criminal Justice Services, and Probation Services; Welfare/Housing Benefit Services providing the Supporting People Team with information that may help with the co-ordination and provision of advice, support or financial services to meet my individual needs.

Data Protection Statement:

We will use the information you have provided to us and record the details of your needs and how they have been met on a computer data system, this is to:

- Help us manage the services we provided and improve the way we provide them.
- Gain a better understanding of peoples individual needs.
- Gain a better understanding of how to best meet people’s individual needs.

We may also use and share information relating to the level of needs presented by individuals and groups, without identifying individuals, to assist with the planning, development and delivery of services provided by or on behalf of Merthyr Tydfil County Borough Council and its partners.

I understand that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Merthyr Tydfil County Borough 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 third-parties in the interests of housing support related research or for further provision of non housing-related support services.

Signed and dated by the person needing/receiving support

Signed _____ **Date** _____

Signed and dated by the person completing referral/needs mapping form on behalf of the person needing support.

Signed _____ **Date** _____

If you are making this referral on behalf of someone else please ensure that they want support and they sign this form

Could you provide the following details?

Referrers Name: _____ Organisation: _____

Postal address _____

Contact Number: _____ Email: _____

What is your relationship to the applicant? _____

Has the applicant consented to this referral Yes/No?

PLEASE RETURN THE FORM TO

**SUPPORTING PEOPLE TEAM
MTCBC
UNIT 5
TRIANGLE BUSINESS PARK
PENTREBACH
MERTHYR TYDFIL
CF48 4TQ**

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