



## Housing-Related Support Referral (Application) & Risk Form *for floating support in Torfaen*

***This referral form is available in Welsh upon request.***

What is your preferred language of correspondence?

### 1. Referrer details

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

### 2. Area of Residence

Does the applicant live in Torfaen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no to the above please detail		

### 3. Applicant details

*Name (incl title)			
* DOB		* NI No	
*Gender		Marital Status	
Nationality		Ethnic Origin	
Have you previously served in the UK armed forces?			
Yes (regular) <input type="checkbox"/>	Yes (Reserve) <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

### 4. 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"/>	Other <input type="checkbox"/>
Date Moved In					

<b>Landlord Name &amp; Address (if applicable)</b>	
<b>Accommodation Type (renting RSL or private, owner occupier, NFA etc)</b>	
<b>Is the applicant at risk of homelessness?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Reason for risk of homelessness?</b>	

**5. Contact details**

<b>Applicant Home Tel</b>	<b>Applicant Mobile Tel</b>	<b>Applicant Email Address</b>
<b>Preferred Method of Contact OR alternative contact details</b>		

**6. Other details**

<b>Does the applicant have any communication/cultural issues?</b>									
<b>Indicate issues of the applicant (please tick all that are relevant):</b>	Violence against Women, Domestic abuse and sexual violence (VAWDASV) <input type="checkbox"/>	Young People (16-24) <input type="checkbox"/>							
	Learning Disability <input type="checkbox"/>	Physical disabilities <input type="checkbox"/>							
	Mental Health <input type="checkbox"/>	Older People <input type="checkbox"/>							
	Substance Misuse/alcohol issues <input type="checkbox"/>	Generic <input type="checkbox"/>							
	Ex offenders <input type="checkbox"/>	Gypsy & Traveller <input type="checkbox"/>							
	Refugees <input type="checkbox"/>	Other <input type="checkbox"/>							
If other please specify:									
<b>From the above list please confirm the 1<sup>st</sup>, 2<sup>nd</sup> &amp; 3<sup>rd</sup> support needs:</b>	<table border="1"> <tr> <th>1<sup>st</sup></th> <th>2<sup>nd</sup></th> <th>3<sup>rd</sup></th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>						

**7. 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"/>
Manage offending behaviour	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>

**8. Level of support Required:**

Low	Medium	High	Intense
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Brief overview of reasons for referral:</b></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><b>Note: this referral will not be processed unless this section is complete.</b></p>	
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**9. 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 applicant ever tried to take their own life?	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"/>								
Has the applicant been a victim of VAWDASV?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know					
		<input type="checkbox"/>								
Has the applicant been a perpetrator of VAWDASV?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know					
		<input type="checkbox"/>								
Is the applicant 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 applicant's physical disability or mobility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know					
		<input type="checkbox"/>								
If disabled give details:										
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"/>								
Is the applicant subject to MAPPA? At which level?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

**Please indicate if a joint visit is required for the initial contact assessment, or if an assessment in a safe place/neutral venue such as customer care should be undertaken.**

**Lone Visit**       **Joint Visit**       **Neutral Venue**

*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):*

## 10. Authorisation

Has the applicant consented to you sending this referral, along with the information contained, to the Housing Support grant Team?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you advised and sought agreement from the applicant that information contained within this document will be forwarded to contracted support providers and may be shared with other agencies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you advised and sought agreement from the applicant that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Torfaen Council. Additionally it may be used for research and statistical purposes where it is appropriate to do so?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must state that verbal consent has been given for a referral to be made.

*I understand that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Torfaen 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 Bron Afon Community Housing, Stori Cymru, The Wallich, Plattform, Citizens Advice Torfaen, Pobl, GDAS, Gypsy & Traveller Wales, Cyfannol Women's Aid & Llamau, in the interests of housing support related research or for further provision of non-housing-related support services. Providers may also undertake additional background checks to attain further or undisclosed risk information.*

Applicant's Signature:		Date:			
Or applicant's verbal consent to referral:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Referrer's Signature:		Date:			

Please return this completed form to:

Gateway@torfaen.gov.uk

If you have any difficulties completing the form, please contact a member of the Gateway Team on 01495 766949.