

## Supporting People Referral Form

Please complete all questions as fully as possible in order to ensure that your referral is placed with the best agency to meet your needs. All questions relevant to your situation must be completed; failure to do so may result in the form being returned for completion.

Click and type in the greyed out areas

**Q1 Full Name (Including Title)**

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**Q2 Address (Including Postcode)**

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**Q3 Telephone Number**

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**Q4 If it is not appropriate for you to be contacted at the above address, please provide an alternative address, which would be more suitable.**

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**Q5 Date of Birth (dd/mm/yyyy)**

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**Q6 National Insurance Number**

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**Q7 Gender**

Male

Female

**Other, Please state below**

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**Q8 Next of Kin/Emergency Contact Details**

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**Q9 Does anyone else live in the house with you (include children/dependents and carers)**

Yes

No

**If yes please complete:**

Name	DOB	Relationship	M/F
			M/F

			M/F
			M/F
			M/F
			M/F
			M/F
			M/F

**Q10 Are you an Asylum Seeker/Refugee?**  
 Yes  No

**Q11 Please state which type of household you live in**  
 Council Property  Sheltered Accommodation  
 Housing Association (state name in other)  Hostel/Refuge  
 Private Landlord/Private Rented (State name in other)  Temporary Accommodation (B&B)  
 Home Owner  Staying Family or Friends/Sofa Surfing

**If other or need to include further details, please state here**

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**Q12 How many Bedrooms does the property have?**

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**Q13 Have you lived anywhere else in the last 5 years, if yes, please state where.**

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**Q14 Please give any eviction date below**

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**Q15 Is anyone living in the house in receipt of services from the Local Authority, Probation, Health or other support service? Please state the name of service**

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**Q16 Would you consider yourself to have any difficulties in the following areas?**  
 Female experiencing Domestic Abuse  Sensory Impairment  
 Male experiencing Domestic Abuse  Development Disorder (Autism)  
 Learning Disabilities/Difficulties  Chronic Illness (HIV or AIDS)



- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health Issues       | <input type="checkbox"/> Young People Who Are Care Leavers              |
| <input type="checkbox"/> Alcohol Dependency         | <input type="checkbox"/> Young People with Support Needs (16-24)        |
| <input type="checkbox"/> Substance Dependency       | <input type="checkbox"/> Single People with Support Needs (25-54)       |
| <input type="checkbox"/> Criminal Offending History | <input type="checkbox"/> People Over 55 Years Of Age With Support Needs |
| <input type="checkbox"/> Refugee with Support Needs | <input type="checkbox"/> Families with Support Needs                    |
| <input type="checkbox"/> Physical Disability        | <input type="checkbox"/> Single Parent Families with Support Needs      |

**Q17 Are you currently Homeless or Potentially Homeless**

- Currently  Potentially

**Q18 Which of the following do you feel you need support with?**

- |  |  |
|--|--|
| <input type="checkbox"/> Maintaining Personal Safety                         | <input type="checkbox"/> Accessing Education / Training & Learning Opportunities |
| <input type="checkbox"/> Maintaining Safety Of Others In Your Care           | <input type="checkbox"/> Accessing Employment / Volunteering Opportunities       |
| <input type="checkbox"/> Managing Accommodation                              | <input type="checkbox"/> Physical Health Issues Impacting Upon Tenancy           |
| <input type="checkbox"/> Managing Relationships (family or wider community)  | <input type="checkbox"/> Mental Health Issues Impacting Upon Tenancy             |
| <input type="checkbox"/> Managing Community / Neighbourhood Issues           | <input type="checkbox"/> Housing Issues Impacting On Health and Wellbeing        |
| <input type="checkbox"/> Managing Money / Budgeting / Debts / Benefit Claims |  |

**Q19 Is there any other information that we have not covered that you would like to tell us?**

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## Permission For Referral

**This section must be completed in order for any referral to be processed**

**Q20 Please indicate below that you consent to information being obtained and shared with any relevant agencies**

I give my permission for information to be obtained and shared that is relevant to this referral

I do not give my permission for information to be obtained or shared that is relevant to this referral

**Q21 Service User Signature**

**Q22 DATE**

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## Risk Assessment for Housing Related Support

**If you are referring yourself you do not have to complete the following section**

**Q23 Are there any known issues regarding:**

History of violence/aggression

History of Non-compliance with professional agencies due to:

Environmental Risks

Risk of Abuse by Others

History of Offending

Alcohol Misuse

Mental Ill Health

Substance Misuse

**Q24 Does the applicant present a risk to any specific groups?**

Young Adults

Any Minority Groups

Women

Professionals

Older People

Any Other Comments, Please state

Children

**Q25 If there is any information you can provide to assist us in prioritising the referral, please detail here**

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## Referrer Details

**If you are referring yourself you do not have to complete the following section**

**Q26 Full Name**



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**Q27 Organisation you represent**

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**Q28 Address**

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**Q29 Telephone Number**

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**Q30 Email Address**

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**Q31 Relationship to Service User**

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**Q32 Referrer Signature (where possible)**

**Q33 Please provide any details that would assist us in prioritising this referral.**

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## For Supporting People Use Only

**Q34 Swift Number**

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**Q35 Any Hazards**

Yes

No

If yes, please state type of hazard, details and date

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**Q36 Is Service User on the Violent Persons Register**

Yes

No

If yes, please state reasons and date

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**THANK YOU FOR COMPLETING THIS FORM**

Please return this form to Supporting People Team, Ty Penallta, Tredomen Park, Ystrad Mynach, HENGOED, CF82 7PG.

Tel: 01443 864548

Email - [supportingpeople@caerphilly.gov.uk](mailto:supportingpeople@caerphilly.gov.uk)