

Support Referral Form

Please complete all sections. Incomplete information could result in a delay in an applicant receiving a service. * Denotes guidance available



Renfrewshire
Council

Applicant Information

Title *		D.O.B	
Forename		Age	
Surname		Marital Status*	
Preferred Name		Sex*	
Household Composition		NI No	
Telephone Home		Telephone Mobile	
Housing Status*		Housing Status Date	
Current Address			
Town / Village		Postcode	
New Address (if Different)			
Town/Village		Postcode	
Ethnicity		Employment Status	
Describe specific entry or access arrangements (including any known risks or concerns):			

Referrer Details

Referring Officer			
Referring Agency			
Referring Officer Address			
Referring Officer Contact Telephone Number			
Referring Officer Email Address			

Reason for referral*

Our Housing Support Service provides help to enable you to manage on a day-to-day basis while living in your own home. Some of the services we include are listed below. Please indicate what service(s) the applicant requires.

- General Counselling and Advice
- Assistance to obtain furniture
- Managing your finances, budgeting and dealing with benefit claims
- Assistance to contact people, services, and other bodies who can help you
- Completing forms
- Advice or assistance to deal with relationships
- Practical support to move home
- Develop your social skills and enhance your confidence
- Personal safety and security
- Encouragement to participate in social activities

Other:

Please use an additional sheet if you require more space.

Background Information Details

Detailed History of Homelessness Accommodation	
Substance Misuse – Please state current substance misuse and history	
Mental Health – Please state current diagnosis or any known information regarding Mental health	
Criminal Justice Issues - Please detail any forthcoming court dates	
Children – please give details of any social work involvement, guardian details, any access arrangements, legal issues etc	
Are there any adult of child protection concerns?	
Any other relevant information	

Is the applicant currently receiving support from another agency?		
Agency	Worker and Frequency of Support	Contact Number

This referral will not be accepted unless a risk assessment is completed

Risk Assessment *

Does the applicant, or someone in their household, have issues with:

History of violence or aggression or any known criminal activity

Yes

Details

No

Don't Know

Does the applicant have any issues with substance misuse/dependency (e.g. alcohol/drugs)

Yes

Details

No

Don't Know

Are there any other risks staff should be aware of? (e.g. dangerous environment/neighbour issues/dangerous animals etc.)

Yes

Details

No

Don't Know

Is the applicant known to ASIST or Police?

Yes

Details

No

Don't Know

Has the person agreed to this referral being made?	Yes	No
Provide details		

Data Protection

I understand that personal information will be held on the Better Futures system to:

- I. Monitor the impact of housing support service in Scotland and
- II. To assist services to work together where more than one service is being used by an individual

I understand that: -

- Information about me, including sensitive personal information, will be stored on a computer accessed through a secure website for the purpose of monitoring services in Scotland. This will include information about my ethnicity, housing situation, support and care needs, health circumstances, addictions situations and employment seeking.
- Information about me will be shared in two ways

1. It will be shared with local authorities that have the lead responsibility for monitoring housing support services in Scotland. This information will be shared in a way that does not identify me or any other individual and will be used to produce general statistical information.
2. It will be shared with other agencies working with me. This information will be used by agencies working directly with me so that all services working with me can contribute to one record of my situation. This sharing of my information will identify me.

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Further information on how the Council handles your personal information can be found on <http://www.renfrewshire.gov.uk/article/2201/Privacy-policy>

*I agree that the information I have provided is accurate. I understand my information will be shared with other agencies to ensure I receive the most appropriate service for my needs and my personal information will be held on the Better Futures System

Applicant Signature _____ Date _____

<u>Date Completed</u>	Score	Comments
1.1 Suitability of property		
1.2 Security of tenure		
1.3 Other, sustainment		
2.1 Physical health		
2.2 Mental health		
2.3 Addictions		
3.1 Domestic Abuse		
3.2 Legal issues		
3.3 Safety from harassment and abuse		
3.4 Safety risks and emergency procedures		
3.5 Use of technology		
4.1 Life skills		
4.2 Money matters and personal administration		
4.3 Leisure		
4.4 Social networks		
4.5 Self esteem		
5.1 Core skills		
5.2 Into training or education		
5.3 Looking for work or work placement		
5.4 Sustainability		
5.5 Meaningful Activity		

If outcome of assessment is as follows:

- declined support – (no support needs)
- no identified support needs
- already has support in place
- accepted Supported Accommodation
- aged 16-25 and referred to George Street Service for resettlement advice

Scan/Email Pages 1 and 6 to: bscommunitycareoperations.sw@renfrewshire.gov.uk

- Identified support needs – consented to referral
- Identified support needs – declined support

Scan referral and forward to: Housing Support Referral@renfrewshire.gov.uk