

Warwickshire Housing Related Support Service - Referral Form

If sending by email, completed forms must be sent to the relevant provider below using suitable security and encryption.

ACCOMMODATION BASED SUPPORT

For young people aged 16 to 25
in the
North Warwickshire, Nuneaton
& Rugby borough council areas

Provided by P3



Complete Referral online: <https://warks2.p3charity.org/>

Or Email: warksyp@p3charity.org

Tel: 0808 164 6220

For young people aged 16 to 25
in the Stratford & Warwick
district council areas

Provided by St Basils



Email: accommodationwarwickshire@stbasils.org.uk

Tel: 01926 698 590

For people aged 25 and over
(Countywide)

Provided by P3



Complete Referral online: <https://warks2.p3charity.org/>

Or Email: warks@p3charity.org

Tel: 0808 164 6220

FLOATING SUPPORT

For young people
aged 16 to 25

Provided by St Basils



Email: Referrals.Warwickshire@stbasils.org.uk

Tel: 02476 889 571

For people aged 25 and over

Provided by P3



Complete Referral online: <https://warks2.p3charity.org/>

Or Email: warks@p3charity.org

Tel: 0808 164 6220

For people with disabilities
aged 16 and over

Provided by Together



Email: warks-hrs@together-uk.org

Tel: 02476 796416

<u>Referrer details</u> Name: Organisation: Contact details:	Date referral received: <input type="checkbox"/> Under 25 <input type="checkbox"/> Over 25 <input type="checkbox"/> Care leaver
<p>Important: Referral to local authority:</p> <p>Public bodies specified in the Homelessness Reduction Act have a duty to refer consenting individuals believed to be homeless or at risk of homelessness within 56 days to the appropriate Local Housing Authority. Other agencies are also advised to refer anyone in this position.</p> <p>You should do this in addition to making this referral for Housing Related Support.</p> <p>See Appendix 2 for details of the referral process for each of the five district / borough housing authorities in Warwickshire.</p>	
Reason for Referral:	
<p>What area is the applicant looking for?</p> Stratford District <input type="checkbox"/> Warwick District <input type="checkbox"/> Nuneaton & Bedworth <input type="checkbox"/> Rugby Borough <input type="checkbox"/> North Warwickshire <input type="checkbox"/> <p>Does the applicant have a local connection to that area? YES / NO</p> <p>Does the applicant have: Debts Yes/No Fines Yes/No Rent arrears: Yes/No</p> <p>If yes DETAILS (owed to, amounts etc.):</p>	
<u>Applicant Details</u> Name: Contact number: E-mail address: Preferred method of contact/communication: Preferred language: Has this person been referred previously? YES / NO / Unknown Details:	Date of Birth: Ex-forces? YES / NO NI Number: Current address: Living in own home? YES / NO Last Address: Reason for leaving address:
Next of kin: Address & Contact number: Relationship to applicant:	

Eligibility Criteria*

- I am sleeping rough
- I am homeless / sofa surfing
- I am at risk of eviction and or repossession and becoming homeless
- I have a large amount of debt which may affect my tenancy
- I don't feel safe where I live / I am being harassed / I am experiencing harm
- I have difficulties talking or understanding what is said to me / I struggle to understand and process information and finding it overwhelming, which may have impact on my tenancy
- My health needs are impacting my ability to maintain my tenancy – disability / mental health / substance misuse

****If one or more has been ticked, the person is eligible for an HRS Support assessment***

Summary of support needs:**Details of any risks known** (e.g. safeguarding, criminal convictions, arson, alcohol or substance misuse, mental health issues):**Income Details:**

Housing Benefit	<input type="checkbox"/>	Cold Weather Payment	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>
Council Tax reduction	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>
Winter Fuel Payment	<input type="checkbox"/>	Income Support	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>
ESA	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	Nil Income	<input type="checkbox"/>

Any other details:

Young people - Care leaver information

Are you a care leaver? **Yes / No** *If yes please complete fields below*

Administering authority (for the care):

Care leaver ID:

Care leaver status (still under Social Services care):

Has a section 20 been completed? **Yes / No*****
 ***Please provide reasons:

Disabilities:

- Learning disability
- Mental health
- Physical disability
- Sensory impairment
- None

Notes:

Contact Type	Name	Organisation	Phone	Email
Advocate				
External agency				
Housing Options				
Doctor				
Psychiatrist				
CPN				
Drug and Alcohol Support				
Dentist				
Social Worker				
Other:				

NOTES:

Has client consented to this referral: YES/NO **If No, state why:**

Equality Monitoring

We would be grateful if you would complete the following in order for us to monitor equalities information and ensure that we are treating all applicants for housing related support fairly and appropriately.

Gender: which of the following best describes how you think of yourself?

Male Female Is this the gender the same as at birth?

What is your age?

Under 18 18 – 29 30 – 44 45 – 59 60 – 74 75 +

Ethnicity: Please indicate your ethnic origin:

- | | | |
|---|--|---|
| <p>A White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Other White background *</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> | <p>B Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Other Mixed background *</p> | <p>C Asian & Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Other Asian background *</p> |
| <p>D Black & Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background *</p> | <p>E Chinese or other group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other background *</p> | <p><input type="checkbox"/> I do not wish to disclose my ethnic origin</p> |

* Please indicate any other ethnic background:

Sexual Orientation:

Please indicate your sexual orientation:

- Heterosexual
 Gay / Lesbian
 Bisexual
 Other
 I do not wish to disclose my sexual orientation

Disability

Disability is described by the Equality Act 2010 as a physical or mental impairment that has a substantial long term adverse effect on an individual's ability to carry out regular day to day activities.

Do you consider yourself to have a disability?

- Yes
 No
 |
 I do not wish to disclose my disability

What is your religion?			
Buddhism		Sikhism	Judaism
Christianity		Hinduism	Islam
Other - please specify		None	Prefer not to say

Appendix 1

Eligibility Criteria - to be used as part of the Housing Related Support service assessment

Applicants who may benefit from a **Housing Related Support** service will generally have either:

- **one main** need that is complicated by others,
- or a **combination of lower level** issues that together are a cause for concern.

They may include:

- presenting risky behaviours,
- a chaotic lifestyle,
- experiencing difficulties in a certain aspect of their life, or a significant threat of -
 - o homelessness,
 - o criminal justice,
 - o self-harm,
 - o significant debt that threatens their ability to maintain their independence,
- have an inability to engage and develop a future for themselves or
- escalating needs where one or more of these have a significant and negative impact on their ability to gain or maintain accommodation

At the highest level, eligibility for a Housing Related Support service will be defined through either one of the following:

Eligible for Social Care and Support (Care Act 2014)

The person will have eligible needs if they meet all of the following:

- they have care and support needs as a result of a physical or mental condition;
- because of those needs, they cannot achieve two or more of the outcomes specified;
- as a result, there is a significant impact on their wellbeing.

The outcomes are specified in the regulations, and include people's day-to-day outcomes such as dressing maintaining personal relationships, and working or going to school.

Or.....

'**Edge of Care**' - The definition of 'edge of care' is taken from No Secrets 2000 guidance and has been updated in line with the requirements of the Care Act 2014. This means that 'vulnerable adult' has now become a **Priority Person**.

A 'Priority Person' on the 'edge of care' is defined as a person aged 16 years and over who is, or may be, in need of a **Housing Related Support** service to prevent, reduce and/or delay the need for longer term care and support; and/or protect well-being by reason of:

- disability
- age
- illness, incl mental illness
- substance misuse
- homelessness
- experience of institutional living such as prison or long stay hospital or children's residential care service

Who are, or may be, unable to take care of themselves or protect themselves from significant harm or serious exploitation; or represent a threat of harm to their community.

Appendix 2

Referrals to Local Housing Authorities

Details of how to refer to each of the 5 districts and boroughs in Warwickshire:

https://www.nuneatonandbedworth.gov.uk/info/20021/housing_solutions_and_homelessness/193/homelessness/3

https://www.northwarks.gov.uk/info/20199/armed_forces_covenant/1490/duty_to_refer

<https://www.rugby.gov.uk/info/20072/homelessness/414/homelessness/11>

<https://www.stratford.gov.uk/online-forms/homelessness-assessment-referral-form.cfm/form/homelessnessreferral/g/1>

https://www.warwickdc.gov.uk/info/20233/homelessness/1331/homelessness_duty_to_refer