

If organisations are sending this referral form by email, completed forms must be sent to the relevant provider below **using suitable security and encryption**

Housing Related
Support
Referral Form

CONSENT

Referral forms should be sent to the provider that is right to meet your needs. If you are supporting someone to complete this form, please make sure that you have their consent to send the form. Who is the referral being made for:

Myself

Someone else

If someone else, do you have their consent:

Yes

No

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.

You should do this in addition to making this referral for Housing Related Support

See **Appendix 1** for details of the referral process for each of the five district / borough housing authorities in Warwickshire.

REFERRER'S DETAILS

Full Name:

Organisation:

Email Address:

Telephone No:



CUSTOMER/APPLICANT'S DETAILS

(One person to be named)

Full Name:

DOB:

16 – 24 years

25 years or over

Email Address:

Mobile Number:

Landline Number:

Preferred method of contact:

Phone call

Text message

Email

Other

If you answered 'other' to your preferred method of contact, please specify the method:

Are they / you a care leaver: Yes

No

WARWICKSHIRE

APPLICANT'S SUPPORT NEEDS

What are your housing support needs (please tick all that apply)? If you tick yes to any of these, then housing related support services may be able to support you.

- I am sleeping rough
- I am homeless / sofa surfing
- I am at risk of eviction
- I have a large amount of debt which may affect my tenancy
- I need support to set up a new tenancy
- I need support to stay in current tenancy
- I need support to find alternative / suitable accommodation
- I need support with finance / cost of living
- I need support with accessing the local community
- I need support with accessing volunteering / employment / education
- I need support with accessing relevant health care

Please tell us about your support needs.

Please tell us about any safety concerns you have.

Please provide names and contact details of other agencies or professionals involved in your support.

Please provide any other information you feel will help us with your support.

WHICH SUPPORT SERVICE ARE THEY / YOU APPLYING FOR?

ACCOMMODATION BASED SUPPORT

Temporary housing and short-term housing related support are delivered together.



Young people (16 – 25 years)

Supported Accommodation

North Warwickshire, Nuneaton & Bedworth, and Rugby Borough Council areas only

[P3 Online Referral Form](#)

Email: warksyp@p3charity.org
Tel: 0808 164 6220



Young people (16 – 25 years)

Supported Accommodation

Warwick & Stratford-upon-Avon District Council areas only

[St Basil Online Referral Form](#)

Email: accommodationwarwickshire@stbasils.org.uk
Tel: 01926-698 590



Adults (25+ years)

Supported Accommodation

North Warwickshire, Nuneaton and Bedworth, and Rugby Borough Council areas only

[P3 Online Referral Form](#)

Email: warks@p3charity.org
Tel: 0808 164 6220

COMMUNITY BASED FLOATING SUPPORT

Short term support for those in their own accommodation

Housing Related Support for People with Disabilities



People with disabilities (16+ years)

Available across whole of Warwickshire for people living with disabilities including mental health, physical disabilities, learning disabilities, sensory issues and autism

[Online referral form](#)

Email: Warks-hrs@together-uk.org
Tel: 02476-796416



Adults (25+ years)

Available across whole of Warwickshire

[P3 Online Referral Form](#)

Email: warks@p3charity.org
Tel: 0808 164 6220



Adults (18+ years)

Intensive floating support for people facing multiple disadvantages, available across whole of Warwickshire

[P3 Online Referral Form](#)

Email: warks@p3charity.org
Tel: 0808 164 6220



Young people (16- 25 years)

Available across whole of Warwickshire

[St Basils Referral Form](#)

Email: referrals.warwickshire@stbasils.org.uk
Tel: 07469 118 469

APPLICANT'S CURRENT HOUSING DETAILS

Current Address including district or borough (North Warwickshire, Nuneaton and Bedworth, Rugby, Stratford-upon-Avon, Warwick):

What type of accommodation do you / they live in:

- Council housing
- Housing association
- House of multiple occupancy (HMO)
- Living with family / friends
- No fixed address
- Owner occupier
- Private rented
- Shared ownership

INCOME DETAILS

Are you employed? Yes No Self-employed

If you are employed or self-employed, when would you be available for support?

Please let us know about any benefits or allowances you receive. Please tick all that apply.

- Universal Credit
- Jobseekers Allowance
- Personal Independent Payment (PIP)
- Employment and Support Allowance (ESA)
- Attendance Allowance
- Housing Benefit
- Not receiving any benefits

EQUALITIES MONITORING

It is voluntary to disclose this information but doing so will help us:

- Better understand the communities we serve
- Ensure our services are suitable for and reach as wide an audience as possible
- Ensure we have had feedback from as wide an audience as possible
- Ensure that we can identify, tackle and prevent issues that would otherwise prevent engagement with different groups of people
- Meet our obligations under the Equality Act 2010

All information submitted is protected under the Data Protection Act 2018 and is not collated with any information or in a way that makes you identifiable. To find out more about the Council's data protection practices, see www.warwickshire.gov.uk/freedom-information-data-protection

If you have any questions in relation to this data collection, please email: equalities@warwickshire.gov.uk or visit www.warwickshire.gov.uk

How old are you?

- | | | | |
|----------|--------------------------|-------------------|--------------------------|
| Under 18 | <input type="checkbox"/> | 55 – 64 | <input type="checkbox"/> |
| 18 – 24 | <input type="checkbox"/> | 65 – 74 | <input type="checkbox"/> |
| 25 – 34 | <input type="checkbox"/> | 75 + | <input type="checkbox"/> |
| 35 – 44 | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Do you consider yourself to have a disability, long term health condition or learning difference?

- Yes
- No
- Prefer not to say
- Prefer to self-describe

How do you describe your ethnic background?

- | | | | |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Arab | <input type="checkbox"/> | Mixed – Asian and White | <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi | <input type="checkbox"/> | Mixed – Black African and White | <input type="checkbox"/> |
| Asian or Asian British – Indian | <input type="checkbox"/> | Mixed – Black Caribbean and White | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | Other Mixed Background | <input type="checkbox"/> |
| Asian or Asian British – Chinese | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> | White Irish | <input type="checkbox"/> |
| Black or Black British – African | <input type="checkbox"/> | Gypsy, Romani or Traveller | <input type="checkbox"/> |
| Black or Black British – Caribbean | <input type="checkbox"/> | Other White Background | <input type="checkbox"/> |
| Other Black Background | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

If you prefer to self-describe please do so here

How do you describe your gender?

- Male
- Female
- Non-binary / agender / gender fluid
- Prefer not to say

If you prefer to self-describe please do so here

Do you identify as trans/ transgender?

- Yes
- No
- Prefer not to say
- Prefer to self-describe

How do you describe your religion / belief?

- | | |
|---------------------------------------|------------------------------------------------|
| Buddhism <input type="checkbox"/> | Sikhism <input type="checkbox"/> |
| Christianity <input type="checkbox"/> | Spiritualism <input type="checkbox"/> |
| Hinduism <input type="checkbox"/> | No religion or belief <input type="checkbox"/> |
| Islam <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| Judaism <input type="checkbox"/> | |

Other religion or self-describe

Which of the following best describes your sexual orientation?

- | | |
|----------------------------------------------|--------------------------------------------------|
| Asexual <input type="checkbox"/> | Heterosexual / straight <input type="checkbox"/> |
| Bi / bisexual <input type="checkbox"/> | Pansexual <input type="checkbox"/> |
| Gay man <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| Gay woman / lesbian <input type="checkbox"/> | |

Other or if you prefer to self-describe please do so here

Appendix 1 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/w/duty-to-refer-homelessness-referral-form?p_l_back_url=%2Fsearch%3Fq%3Dhomelessness

<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