**Housing Needs Referral Form**

This form is to provide additional information to Allocations/Housing Options Services within District or Borough Housing Teams relating to an individual that requires rehousing.

It should be used in situations where housing options need to be considered, or to support someone to move from their current housing accommodation to somewhere new.

This form should be used in addition to an online housing application, made to the relevant District or Borough Council.

If the individual is not already on a housing waiting list, an application should be made in the first instance with this accompanying referral form being sent as an additional document.

Where a person is at risk of homelessness within 56 days, then a homeless Duty to Refer (DTR) application should be made as soon as possible by completing the DTR online, which can be found on each District or Borough Council website:

[**warwickdc.gov.uk**](https://www.warwickdc.gov.uk/info/20002/housing)

[**nuneatonandbedworth.gov.uk**](https://www.nuneatonandbedworth.gov.uk/info/20012/housing)

[**rugby.gov.uk**](https://rugby.gov.uk/housing1)

[**stratford.gov.uk**](https://www.stratford.gov.uk/homes-properties/)

[**northwarks.gov.uk**](https://www.northwarks.gov.uk/housing)

NB: There is a separate procedure if the service user requires extra-care housing or a specialised supported housing scheme.

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| **Name** |  |
| **Date of Birth** |  |
| **ID:**  **Please enter NHS Number or National Insurance Number if known.**  **For Warwickshire County Council referrals please enter Mosaic Number.** |  |
| **Nature of need**  **(**Tick as many as are applicable**)** | Learning disability □  Physical disability □  Autism □  Older person □  Mental health □  Other, please specify: |
| **Current address** |  |
| **Current accommodation** | Please indicate type of current accommodation:  Flat □  House □  Bungalow □  Room only □  Hospital in-patient □  Hostel □  Residential education □  Other – please specify. |
| **Current tenure** | Please indicate current tenure type:  Living with relatives □  Privately renting □  District / Borough Council tenancy □  Housing Association □  Supported Accommodation □  Shared Lives □  Leaving Care □  Other – please specify: |
| **Do you own or have a financial interest in a property?** | Yes □  No □  If you have answered yes to this question, we may need to ask you for more details, but it would be helpful if you could share the address of the property and any details of your interest in the property below: |
| **Reason for the referral** | Hospital discharge □  Move-on from social care provision □  to independent permanent social housing  *(Select this option if you are seeking to move on from*  *Shared Lives; Leaving Care;*  *Residential Education or Supported Accommodation)*  Notice served by current landlord □  Please tell us the date that notice was served:  Other, please specify: |
| **Housing Register Reference (if known)**  ***(This is the reference you are given when you register for housing)*** |  |
| **Name and contact details of the person/s completing this form with you or on your behalf**  ***(This can be your social worker, your advocate, or your health professional)*** |  |

**New housing requirement**

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| **Type of property required**  ***Please indicate if a certain type of property is essential and why*** | House □  Bungalow □  Ground Floor Flat □  Upper Floor Flat □  (Lift access essential)  Upper Floor Flat □  (Lift access not essential) | Please tell us about any specific support needs which necessitate a particular type of property.  (e.g.: - wheelchair dependant so ground floor accommodation required) |
| **Number of bedrooms required**  ***Please ensure any family members who live with/intend to live with the applicant are included in the Housing Register application*** | 1 □  2 □  3 □ | If more than 1 bedroom is required, please tell us why you need additional bedrooms |
| **Carer support** | Will you be supported in your home by carers?  Yes □  No □ | Please tell us if you have carers that support you overnight as well as during the daytime |
| **Environment** | Do you have any sensory needs or behaviour support needs that need to be considered?  Yes □  No □ | Please tell us about any specific needs you have such as sensitivity to noise and environmental factors and how these might affect your health and wellbeing.  Please also tell us if you have any specific behaviour support needs you have and how the environment affects you. Please also tell us how your behaviour support needs might impact on others. |
| **Adaptations** | Do you need any property adaptations?  Yes □  No □  Where adaptations are needed, would you be able to move into the property and cope without adaptations in the short-term?  Yes □  No □ | Please tell us what specific adaptations are needed to meet your needs |
| **Vulnerabilities** | Do you have any specific vulnerabilities that housing officers need to be aware of?  Yes □  No □ | Please tell us about any specific vulnerabilities that might impact on your ability to feel safe in your own home / area. |
| **Area** | Is it essential for you to live in a particular area?  Yes □  No □ | Please explain why a particular area is essential and why other areas cannot be considered |
| **Parking** | Is parking essential?  Yes □  No □ | Please tell us why parking is essential |
| **Indicate here what type of property would be suitable in the short-term whilst waiting for suitable accommodation** | Only complete this section if a short-term solution is required |  |

**Tenancy**

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| **Is this a sole tenancy? *Please tell us if you will be the only tenant*** | Yes □  No □ |  |
| **Is a joint tenancy required?** | Yes □  No □ | If yes, please provide joint tenancy details |
| **Will support be needed to maintain the tenancy?** | Yes □  No □ | Please provide details of any additional contacts, including your advocate who will be able to support you with maintaining your tenancy |
| **Will the tenancy be subject to Court of Protection?** | Yes □  No □ | If yes, please provide details on the stage of the application and the person or organisation responsible for making the application |

**Consent**

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| **Do you consent to your information being shared with Housing** | Yes □  No □ |
| **If you are filling in this form on behalf of the applicant, have you obtained informed consent to share their information as detailed in your responses?** | Yes □  No □ |
| **Where an applicant cannot provide informed consent to share information and the information is being shared in the applicants’ best interests please provide date of capacity assessment, details of the person completing the assessment and the decision maker** |  |

**Summary of housing requirements**

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| **Please list any areas within the relevant District or Borough where the applicant CAN’T live, and reasons. This will help the Council if we are bidding on properties on the applicants’ behalf:** |
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| **Summary of support needs (please include whether waking or sleeping night support will be provided):** |
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| **Summary of carer support levels (please include initial staffing levels where appropriate e.g. support required on hospital discharge or re-location to area):** |
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**Please attach any care plans or assessments you feel would support this housing request.**

**Signed:**

**Dated:**

**Please return this referral form to:**

**Housing Office Confirmation**

*Please share this back with the referrer via contact details listed above.*

**Date received:**

**Application date:**

**Current band:**

**Interview required: Y / N**

**Outcome:**

**Recommendation:**

**Date/Signature:**