**Warwickshire Housing Related Support Service - Referral Form**

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| 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**  |  | **C:\Users\enie\Pictures\HRS\banner-1541.jpgProvided by P3****Complete Referral online:** <https://warks2.p3charity.org/>Or Email: warksyp@p3charity.orgTel: 0808 164 6220 |
| **For young people aged 16 to 25 in the Stratford & Warwick district council areas** |  | **C:\Users\enie\Pictures\HRS\St_Basils_sq..jpgProvided by St Basils**Email: accommodationwarwickshire@stbasils.org.ukTel: 01926 698 590 |
| **For people aged 25 and over****(Countywide)**  | **C:\Users\enie\Pictures\HRS\banner-1541.jpgProvided 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** | **C:\Users\enie\Pictures\HRS\St_Basils_sq..jpgProvided by St Basils**  Email: Referrals.Warwickshire@stbasils.org.ukTel: 07469 118 469 |
| **For people aged 25 and over** | **C:\Users\enie\Pictures\HRS\banner-1541.jpgProvided 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.orgTel: 02476 796416 |
| Referrer detailsName:Organisation:Contact details: | **Date referral received:**  **Under 25**  **Over 25**  **Care leaver** |
| **Important: Referral to local authority**: 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 2** for details of the referral process for each of the five district / borough housing authorities in Warwickshire.  |
| Reason for Referral: |
| **What area is the applicant looking for?** Stratford District 🞏 Warwick District 🞏 Nuneaton & Bedworth 🞏 Rugby Borough 🞏 North Warwickshire 🞏**Does the applicant have a local connection to that area? YES / NO****Does the applicant have: Debts Yes/No Fines Yes/No Rent arrears: Yes/No****If yes DETAILS (owed to, amounts etc.):**  |
| **Applicant Details****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 BenefitCouncil Tax reduction Winter Fuel PaymentESA | Cold Weather PaymentPension CreditIncome Support Universal Credit | Working Tax Credit Child Tax Credit Job Seekers Allowance Nil Income |
| 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 disabilityMental health Physical disabilitySensory impairmentNone |
| **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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **White** | **B** | **Mixed** | **C** | **Asian & Asian British** |
|  | British |  | White & Black Caribbean |  | Indian |
|  |  |  |  |  |  |
|  | Irish |  | White & Black African |  | Pakistani |
|  |  |  |  |  |  |
|  | Other White background \* |  | White & Asian |  | Bangladeshi |
|  |  |  |  |  |  |
|  | Gypsy or Irish Traveller |  | Other Mixed background \* |  | Other Asian background \* |
|  |  |  |  |  |  |
| **D** | **Black & Black British** | **E** | **Chinese or other group** |  |  |
|  | Caribbean |  | Chinese |  | I do not wish to disclose |
|  |  |  |  |  | my ethnic origin  |
|  | African |  | Any other background \* |  |  |
|  |  |  |  |  |  |
|  | Other Black background \* |  |  |  |  |
| **\*** 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 |  |
|  |  |  |  |  |  |

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| Appendix 1Eligibility 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 -
	+ homelessness,
	+ criminal justice,
	+ self-harm,
	+ 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.  |

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| Appendix 2Referrals 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://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nuneatonandbedworth.gov.uk%2Finfo%2F20021%2Fhousing_solutions_and_homelessness%2F193%2Fhomelessness%2F3&data=02%7C01%7Chughgaster%40warwickshire.gov.uk%7C4abb949ff87e4def813208d8232e3127%7C88b0aa0659274bbba89389cc2713ac82%7C0%7C0%7C637298028585592786&sdata=3IC1Mgts82tDrWbfIun2QQ%2BtepjEnSYTz%2BnaAHGNGuY%3D&reserved=0) [https://www.northwarks.gov.uk/info/20199/armed\_forces\_covenant/1490/duty\_to\_refer](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.northwarks.gov.uk%2Finfo%2F20199%2Farmed_forces_covenant%2F1490%2Fduty_to_refer&data=02%7C01%7Chughgaster%40warwickshire.gov.uk%7C4abb949ff87e4def813208d8232e3127%7C88b0aa0659274bbba89389cc2713ac82%7C0%7C0%7C637298028585592786&sdata=GzYnj%2Bv6McN5oTMLerKmM5KuJS6RurDf74z%2Fz%2Bq%2B5No%3D&reserved=0) [https://www.rugby.gov.uk/info/20072/homelessness/414/homelessness/11](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rugby.gov.uk%2Finfo%2F20072%2Fhomelessness%2F414%2Fhomelessness%2F11&data=02%7C01%7Chughgaster%40warwickshire.gov.uk%7C4abb949ff87e4def813208d8232e3127%7C88b0aa0659274bbba89389cc2713ac82%7C0%7C0%7C637298028585602780&sdata=DwIDS2NWP%2FfWFSDpi7YkuqmW1vtSTwjdjyby61tEAvI%3D&reserved=0) [https://www.stratford.gov.uk/online-forms/homelessness-assessment-referral-form.cfm/form/homelessnessreferral/q/1](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.stratford.gov.uk%2Fonline-forms%2Fhomelessness-assessment-referral-form.cfm%2Fform%2Fhomelessnessreferral%2Fq%2F1&data=02%7C01%7Chughgaster%40warwickshire.gov.uk%7C4abb949ff87e4def813208d8232e3127%7C88b0aa0659274bbba89389cc2713ac82%7C0%7C0%7C637298028585602780&sdata=cTpoAPoL%2BBBHHv3pCO84B62Pd5e%2BJRmzVE4wR5EKbBE%3D&reserved=0) [https://www.warwickdc.gov.uk/info/20233/homelessness/1331/homelessness\_duty\_to\_refer](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.warwickdc.gov.uk%2Finfo%2F20233%2Fhomelessness%2F1331%2Fhomelessness_duty_to_refer&data=02%7C01%7Chughgaster%40warwickshire.gov.uk%7C4abb949ff87e4def813208d8232e3127%7C88b0aa0659274bbba89389cc2713ac82%7C0%7C0%7C637298028585612779&sdata=ee5pVIsnYhMm0VVfaAmdTxjVC4YkV8NVqIN588JXtms%3D&reserved=0) |