

HOUSING SUPPORT REFERRAL FORM

Use this form for Floating Support and Supported Accommodation referrals in Darlington for all Supporting People Services To which service is the application being referred?	
Floating Support Services	Accommodation Based Services

Are you

<input type="checkbox"/> The Applicant	<input type="checkbox"/> The Referral Agency
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Referrer Details (if applicable):

Referral Agency:..... Contact Name..... Contact Details: (include address, telephone number, email):

Applicant Details:

Full Name:	Address: :
D.o.B.:	Contactable No:
Gender (M/F):	NI No:
1st Language	Interpreter Required (Y/N)
Please give details including name, dob and gender of any children who will be included in the referral:	
Applicants Primary Needs	
.....
.....

Is support provided by any of the following?

<input type="checkbox"/>	Family Member	(Contact name and number).....
<input type="checkbox"/>	Friend	(Contact name and number).....
<input type="checkbox"/>	Social Worker	(Contact name and number).....
<input type="checkbox"/>	Probation Officer	(Contact name and number).....
<input type="checkbox"/>	CPN	(Contact name and number).....
<input type="checkbox"/>	Other support worker	(Contact name and number).....

Background Information

Housing History - Please list last five addresses:

Where/Type of Accommodation	Length of Stay	Reason for Leaving

In which areas is support required? (Please tick)

<input type="checkbox"/> Finances/debt/budgeting	<input type="checkbox"/> Finding or maintaining accommodation
<input type="checkbox"/> Homelessness issues	<input type="checkbox"/> Finding furniture/accessing grants
<input type="checkbox"/> Access to training/employment/education	<input type="checkbox"/> Personal safety and security
<input type="checkbox"/> Gaining access to other services	<input type="checkbox"/> Health and well-being
<input type="checkbox"/> Daily living skills-shopping, housework etc.	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Substance misuse problems
<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Offending behaviour
<input type="checkbox"/> Accessing community organisations	<input type="checkbox"/> Social skills/behaviour management

Any other important information:

(Use this space to provide any other areas of support required, priorities or any further information on the areas highlighted above).

Detail the local connection, and why a referral is being made to Darlington Services:

Please provide any other relevant information:

Signed: **Dated:**
(Applicant)

Signed: **Dated:**
(Referral Agency)

I understand that information about me will be stored on a computer system, and that selected information may be made available to other people where it will be used to address my needs and create better outcomes for my situation. This is in accordance with First Stop's and Darlington Borough Council's registration under the Data Protection Act 1998.

Signed: **Dated:**
(Applicant)