



# Supporting People Referral Form

IF YOU WOULD LIKE THIS INFORMATION IN ANOTHER FORMAT  
OR NEED HELP TO COMPLETE THIS FORM PLEASE CONTACT  
THE SUPPORTING PEOPLE TEAM ON 01443 485515



# SUPPORTING PEOPLE REFERRAL FORM

Before completing the form please read the guidance leaflet

**Please ensure that the form is signed before returning. If you are completing this form on behalf of someone else please discuss the referral with them and ensure that they give consent to receive support.**

I need support in my own home  I need Supported Housing  I need support to prepare for a tenancy

## Personal Details;

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Is it safe to leave a message? YES  NO

Are you able to access the internet? YES  NO

Email Address: \_\_\_\_\_

If we are unable to contact you, who would you like us to contact on your behalf?

Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

## Ethnic Origin: (Please Tick)

White – British  White – Other  Asian or Asian British – Bangladeshi

White – Irish  Mixed – White and Black African  Asian or Asian British – Chinese

White – Welsh  Mixed – White and Black Caribbean  Any Other Asian Background

White – English  Mixed – White and Asian  Black or Black British – Caribbean

White – Scottish  Other Mixed/Multiple Ethnic Background  Black or Black British – African

White – Northern Irish  Asian or Asian British – Indian  Black or Black British – Other

White – Gypsy or Irish Traveller  Asian or Asian British – Pakistani  Arab

Any other ethnic group; please describe? \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

Please provide details of any religious or other beliefs? \_\_\_\_\_

Do you consider yourself disabled? YES  NO  If yes please give details: \_\_\_\_\_

Do you have any specific Health Problems or difficulties? Please describe; \_\_\_\_\_

**Do you have any communication needs you would like us to consider? (Please Tick)**

Translation  Speech impairment  Physical impairment

Hearing Impairment  Visual impairment

Other please give details: \_\_\_\_\_

**If you are making this referral on behalf of someone else please ensure that they want support and they sign this form. Could you provide the following details?**

Referrers Name: \_\_\_\_\_

Organisation If applicable and Postal address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Has the applicant consented to this referral? YES  NO

**What level of support do you feel the individual will require, please tick one of the following:**

24hour Supported housing  Support in your own home  Supported Housing (not 24 Hour)

**We need to know about your circumstances and why you need support;**

**Please tick one of the following:**

Owner Occupier  Renting from a Housing Association  Armed service personnel

Living with family or friends  Living in temporary accommodation / B&B / Hostel  Former armed service personnel   
Other, please provide details?

Care Leaver  Leaving hospital  \_\_\_\_\_

Rough Sleeping  Caravan/mobile Home  \_\_\_\_\_

In prison  Renting from a private landlord  \_\_\_\_\_

If you are renting your home; who is your Landlord? \_\_\_\_\_

Is it a new Tenancy? YES  NO  If no; Date of tenancy? \_\_\_\_\_

If yes; What is the start date of your tenancy? \_\_\_\_\_

What is your new address? \_\_\_\_\_

**In relation to your current circumstances, could you tick which of the following applies to you?**

Are you employed? YES  NO  Please provide details of your occupation

\_\_\_\_\_

Are you on a training course? YES  NO  Are you doing any volunteering? YES  NO

Do you receive any benefits? YES  NO  if yes please provide details:

\_\_\_\_\_

**Specific Lead Needs**

Please tick **one** of the following that applies to you?

- |  |                          |  |                          |   |                          |
|--|--------------------------|--|--------------------------|---|--------------------------|
| <b>E1</b> – Domestic Abuse                                   | <input type="checkbox"/> | <b>E2</b> – Learning Disability/Difficulties                   | <input type="checkbox"/> | <b>E3</b> – Mental Health Problems  | <input type="checkbox"/> |
| <b>E4</b> – Alcohol Problems                                 | <input type="checkbox"/> | <b>E5</b> – Substance misuse problems                          | <input type="checkbox"/> | <b>E6</b> – Refugee   | <input type="checkbox"/> |
| <b>E7</b> – Physical Disability                              | <input type="checkbox"/> | <b>E8</b> – Young vulnerable individual (16-24)                | <input type="checkbox"/> | <b>E9</b> – Former offender   | <input type="checkbox"/> |
| <b>E10</b> – Homeless or needs to prevent Homelessness       | <input type="checkbox"/> | <b>E11</b> – Chronic illness                                   | <input type="checkbox"/> | <b>E12</b> – Vulnerable single parent/expectant mother                                  | <input type="checkbox"/> |
| <b>E13</b> – Brain Injury                                    | <input type="checkbox"/> | <b>E14</b> – Older person (55+)                                | <input type="checkbox"/> | <b>E15</b> – Sensory Impairment   | <input type="checkbox"/> |
| <b>E16</b> – Vulnerable family                               | <input type="checkbox"/> | <b>E17</b> – Young and vulnerable care leaver                  | <input type="checkbox"/> | <b>E18</b> – Dual Diagnoses   | <input type="checkbox"/> |
| <b>E19</b> – People with developmental disorders i.e. autism | <input type="checkbox"/> | <b>E20</b> – former armed service personnel with support needs | <input type="checkbox"/> | <b>E21</b> – Single People 25-54 with support needs not included elsewhere in this list | <input type="checkbox"/> |
| <b>E22</b> – Other   | <input type="checkbox"/> |  |                          |   |                          |

If you consider yourself to be part of more than one need please list the others below?

\_\_\_\_\_



## Current Support Networks

Could you provide details of any other agencies that you are currently involved with?

Agency	Contact Name	Contact Telephone Number

## Family Circumstances

Could you provide details of your family household?

Surname	Forenames	Gender	Date of Birth	Relationship

## Please tell us about all the things you need assistance with?

Please complete the following boxes that apply to your current circumstances;

Is your accommodation at immediate risk: YES  NO  If yes please give details:

\_\_\_\_\_

Do you have rent/mortgage arrears; YES  NO  if so please tell us how much £: \_\_\_\_\_

Have you made any arrangements to reduce the arrears? YES  NO

Is any court action being taken against you? YES  NO  Please provide details and Eviction date (if known)

\_\_\_\_\_

Are you experiencing harassment or at risk of violence from others? YES  NO  If yes please give details:

\_\_\_\_\_

Release from prison: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Please confirm any bail conditions: \_\_\_\_\_

Leaving Hospital YES  NO  Date of discharge: \_\_\_\_\_

Have you ever been looked after by or been in the care of Children's Social Services? YES  NO

If yes please give details: \_\_\_\_\_

Are you currently serving in the armed forces or have you previously served in the Armed forces? YES  NO

If yes please give details: \_\_\_\_\_

# PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF YOUR SUPPORT NEEDS?

Assessment of your support needs, please choose a support level for each

## Setting up a Home and Tenancy (Please Tick)

Support to establish and set up a Home	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help arranging the connection of water, gas and electricity	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to find and purchase furniture and equipment for your home	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to make applications for alternative housing	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to arrange for adaptations to cater for a disability	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to initially familiarise with the area and its amenities	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to arrange assistive technology/community alarm services	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

## Finance and Budgeting (Please Tick)

Support to budget and pay bills	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support with applications for housing related benefits	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to apply for other welfare benefits	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to understand benefits	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to learn how to avoid building up debt	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to manage debts	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

## Maintaining the safety and security of the home (Please Tick)

Support to establish safety routines that minimise risks	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to identify hazards and repairs to accommodation	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to identify hazards and repairs to household appliances	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to report hazards or repairs appropriately	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to access appropriate equipment for use in emergencies	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to manage any neighbour issues in shared or non shared housing	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

### Living Skills (Please Tick)

Help to understand how to clean safely	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to maintain your home in reasonable condition	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to purchase and use household appliances	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to organise meal planning, shopping	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to organise food storage, food preparation, cooking	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to manage personal or home hygiene	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

### Occupation and accessing the community (Please Tick)

Support to gain employment	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to access training	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to access leisure activities	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to access specialist services for advice, information and support	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to access volunteering opportunities	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to be responsible for personal safety in the community	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to assist with managing offending behaviour	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to establish or re- establish important relationships with family, friends or neighbours	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

### General Health and Well Being

Help to gain access to health and social care services in order to maintain/improve health and well being	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to manage and plan for your own health and well being	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to manage your substance misuse services and access services as appropriate	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Support to manage your mental or physical health and access services as appropriate	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to be responsible for managing your own medication	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>
Help to gain access to emotional support/counselling	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot	<input type="checkbox"/>

Is there any other information you would like to include?

---

---

---

---

# Consent to Share Information

I give the Housing Advice Centre permission to share information recorded on this form with other agencies or organisations; that may be able to meet my needs through the provision of advice and support. I consent to Housing Services, Health Services, Community Services, Criminal Justice Services, and Probation Services; Welfare/Housing Benefit Services providing the Housing Advice Centre with information that may help with the co-ordination and provision of advice, support or financial services to meet my individual needs.

## **Date Protection Statement:**

We will use the information you have provided to us and record the details of your needs and how they have been met on a computer data system, this is to:

- Help us manage the services we provided and improve the way we provide them.
- Gain a better understanding of peoples individual needs.
- Gain a better understanding of how to best meet people's individual needs.

We may also use and share information relating to the level of needs presented by individuals and groups, without identifying individuals, to assist with the planning, development and delivery of services provided by or on behalf of Rhondda Cynon Taf County Borough Council and its partners.

Signed and dated by the person needing/receiving support

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Signed and dated by the person completing referral/needs mapping form on behalf of the person needing support.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**IF YOU ARE COMPLETING THIS FORM ON BEHALF OF SOMEONE YOU ARE CURRENTLY PROVIDING A SERVICE TO, PLEASE ATTACH A RISK ASSESSMENT.**

## **PLEASE RETURN THE FORM TO**

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
SUPPORTING PEOPLE TEAM  
HOUSING ADVICE CENTRE  
11-12 GELLIWASTAD ROAD  
PONTYPRIDD  
CF37 2BW

**Tel:** 01443 485515

**Fax:** 01443 485410

**Email:** SupportingPeopleteam@rhondda-cynon-taff.gov.uk

