

For office use only:

Date received:

Assessment arranged:

Allocation:



Cambridge City Council - Housing Support Service

Housing Support Referral Form

Outline of Services and Referral Criteria:

The Housing Support Service provides a range of services to assist tenants to maintain their tenancy and to make a success of independent living.

Services offered include:

- Visiting clients regularly in their own home or in a mutually agreed space
- Co-ordinating with other specialist services that suit the client's needs
- Aiming to prevent homelessness and other social / health problems

DOES THE CLIENT HAVE SUPPORT NEEDS THAT FIT WITH THE ABOVE?

If the answer is yes then please proceed with the application.

Please ensure (where possible) that the client signs the referral form on page 7.

Please complete all sections.

The Housing Support Service will offer you an assessment within 28 working days of receipt of this form.

Referring Agency:

Name of agency:

Name of officer:

Relationship to client:

Postal address:

Telephone:

Mobile:

E-mail:

Client Details:

Name:

Aka/previous names:

Postal address:

Telephone:

Mobile:

N.I. Number

Date of Birth:

Is this person currently working with other support agencies in Cambridge under the Supporting People Framework?

YES NO

If yes, please give details and indicate why a referral is being made to this service

What are the key objective(s) to involving the Housing Support Service in providing support for this client?

Referrer:

Client:

Does the client have dependants?

Name	DOB	Relationship	Access	Special Needs please specify
Please include details of any other people living in the property below:				

Does the client use English as a first language?

YES NO

If no, please specify:

Does the client have any pets?

YES NO

If yes, please specify:

HOUSING

Does the client have a tenancy?

YES NO

If yes, please give address details:

If yes, please give details of current landlord:

Does the client have rent arrears (previous and current)?

YES NO

If yes, please give details:

Is the tenancy under immediate threat?

YES NO

If yes, please give details of threat of eviction, court dates or any notices served:

Housing History

Please give brief details of the housing history for the past 5 years (starting with current):

Period / Time	Address / geographical area	Tenure & Type of accommodation (rented / owned / hostel / long term hospital stay / other)	Number of bedrooms

Anti Social Behaviour issues or harassment?

YES NO

Please give details of current and previous issues: (ASBO's, neighbour issues, nuisance etc)

Other details/information about the housing situation:

FINANCES

Please tick as appropriate and give details where required*.

The client is:

Full / part time working	<input type="checkbox"/>	In receipt of a pension	<input type="checkbox"/>
Full / part time education	<input type="checkbox"/>	In receipt of welfare benefits*	<input type="checkbox"/>
Long Term Sickness/Disability	<input type="checkbox"/>	In receipt of Housing Benefit	<input type="checkbox"/>
Job seeker	<input type="checkbox"/>	In receipt of Council Tax Benefit	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Other*	<input type="checkbox"/>

*Please give details of welfare benefits/other:

Does the client have debts:

YES NO

If yes, please give details:

	Amount	Payment arranged yes/no
Rent arrears		
Council Tax arrears		
Gas		
Electricity		
Water		
Loan		
Bank		
TV Licence		
Court Orders		
Other		

Does the client have a criminal record?

YES NO

Arson	<input type="checkbox"/>	Sexual Offences	<input type="checkbox"/>
Assault	<input type="checkbox"/>	Drugs	<input type="checkbox"/>
Criminal Damage	<input type="checkbox"/>	Other Offences	<input type="checkbox"/>
Theft	<input type="checkbox"/>	Pending Court Case	<input type="checkbox"/>
Burglary	<input type="checkbox"/>		

In case you have answered YES, please specify:

Probation Officer: Name & Telephone

GENERAL HEALTH

Where **YES** is stated please specify details and agencies working with client

Does the client suffer from any long-term physical illness/disability?

YES NO

Does the client have any history of mental health problems? YES NO

Does the client have a history of self-harm? YES NO

Please list any hospital stays in the past 2 years:

GP Name and Surgery:

Address:

Telephone:

Drug & Alcohol Misuse

Does the client have a tendency to drug and alcohol misuse: YES NO

If yes, please give details of current and previous misuse

Does the client engage with any Drug & Alcohol Support Services in Cambridge?

YES NO

If yes, please give details:

Referral to Housing Support Service

Please use this space to give any additional information

Signature Referring Agent: _____

Signature Client: _____

Date: _____

Please return form to:

**Housing Support Service
Cambridge City Council
116 Chesterton Road
Cambridge
CB4 1BZ
Telephone: 01223 462255
Fax: 01223 352348**

Diversity Information

We monitor ethnic origin, age, gender, sexual orientation, religion and disability, to ensure that we deal fairly with all applicants regardless of background. The information you provide will be in confidence and will give no advantage or disadvantage. You may refuse to answer if you wish.

Ethnic Origin	
White:	Black/Black British:
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>
Mixed:	Chinese/other ethnic group:
White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White & Black African <input type="checkbox"/>	Other <input type="checkbox"/>
White & Asian <input type="checkbox"/>	Traveller/Gypsy:
Other <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
Asian/Asian British:	Gypsy/Roma <input type="checkbox"/>
Indian <input type="checkbox"/>	Other <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	
Other <input type="checkbox"/>	Refused <input type="checkbox"/>

Religion	
Christian <input type="checkbox"/>	Sikh <input type="checkbox"/>
Buddhist <input type="checkbox"/>	No Religion <input type="checkbox"/>
Hindu <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Jewish <input type="checkbox"/>	
Muslim <input type="checkbox"/>	Refused <input type="checkbox"/>

Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details: Physical Disability	<input type="checkbox"/>	Mental Health <input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Sensory Disability	<input type="checkbox"/>	
Any other disability not listed (please state):		Refused <input type="checkbox"/>

Sexual Orientation	
Lesbian <input type="checkbox"/>	Heterosexual <input type="checkbox"/>
Gay <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Bisexual <input type="checkbox"/>	Refused <input type="checkbox"/>

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Refused <input type="checkbox"/>
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Age	16-24 <input type="checkbox"/>	25-44 <input type="checkbox"/>	45-64 <input type="checkbox"/>	65-74 <input type="checkbox"/>	75-84 <input type="checkbox"/>	84+ <input type="checkbox"/>
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