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##

If not referring directly on to Civica please email this form to:

**newport.****gateway@newport.gov.uk**

## Newport Gateway Housing Related Support Application

## & Risk Form (HS1)

*for floating support & supported housing schemes in Newport*

***This referral form is available in Welsh upon request.***

1. **Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer** |  | **Date of Referral** |  |
| **Position** |  | **Agency** |  |
| **Contact Number** |  | **E-mail** |  |

1. **Support Type required**

|  |  |
| --- | --- |
| **Support Required** | **Supported Accommodation** [ ]  **Floating Support** [ ]  |

1. **Area of Residence**

|  |  |
| --- | --- |
| **If floating support:** **does the applicant live in Newport?** | Yes [ ]  No [ ]  |
| **If supported accommodation:****has a local connection to Newport been established?** | Yes [ ]  No [ ]  |
| **If yes to the above please detail**  |  |

1. **Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name****(incl title)** |  | **Civica Number****(if applicable)** |  |
| **DOB** |  | **NI No** |  | **WCCIS Number** **(if applicable)** |  |
| **Gender** |  | **Marital Status** |  | **Is applicant disabled?** | Yes [ ]  No [ ]  |
| **If disabled****give details:** |  |
| **Nationality** |  | **Ethnic Origin** |  |

1. **Address details**

|  |  |
| --- | --- |
| **Current Address** |  |
| **Is this address (please tick)** | Home [ ]  Work [ ]  Family [ ]  Friends [ ]  Solicitor [ ]  |
| **Date Moved In** |  |
| **Landlord Name & Address****(if applicable)** |  |
| **Accommodation Type****(renting RSL or private, owner occupier, NFA etc)** |  |
| **Is the applicant at risk of homelessness?** | Yes [ ]  No [ ]  |
| **Reason for leaving last accommodation?** |  |
| **Does the applicant live alone?** | Yes [ ]  No [ ]  |
| **If no, please detail** |  |

1. **Contact details**

|  |  |  |
| --- | --- | --- |
| **Applicant Home Tel** | **Applicant Mobile Tel** | **Applicant Email Address** |
|  |  |  |
| **Preferred Method of Contact OR alternative contact details** |  |

1. **Other details**

|  |  |
| --- | --- |
| **Does the applicant have any communication issues?** |  |
| **Are there any cultural issues we should be aware of?** |  |
| **Please list any other type of support or services that are in place** |  |
| **Indicate issues of the applicant (please tick all that are relevant):** | **1.**  Domestic Abuse  (Men, Women & Families) [ ]  [ ]  | **12.** Developmental Disorder [ ]  |
| **2.** Learning Disability [ ]  | **13.** Chronic Illness [ ]  |
| **3.**  Mental Health [ ]  [ ]  | **14.** Young Care Leavers [ ]  |
| **4.**  Alcohol [ ]  | **15.** Young People (16-24 yrs) [ ]  |
| **5.**  Substance Misuse [ ]  | **16.** Single Parent Families [ ]  |
| **6.**  Dual Diagnosis [ ]  | **17.** Families [ ]  |
| **7.** Criminal Offending History [ ]  | **18.** Single People (25-54 yrs) [ ]  |
| **8.** Refugee Status [ ]  | **19.** People aged 55+ [ ]  |
| **9.** Gypsy Traveller [ ]  | **20.** Memory Loss/Dementia [ ]  |
| **10.** EEA Migrant [ ]   | **21.** Multiple/Complex Needs [ ]  |
| **11.** Physical/Sensory [ ]  Disabilities  | **22.** Generic [ ]  |
| **From the above list please select the main support need (number):** |  |

1. **Housing related support**

|  |  |
| --- | --- |
| **Does the applicant have concerns around their housing or tenure?** | Yes [ ]  No [ ]  *If no, please email newport.gateway@newport.gov.uk to discuss the application, as it may not be an appropriate referral for housing related support.*  |
| **Brief overview of reasons for referral:*****Please remember that the main aims of these services are to support people to maintain/manage accommodation and independence.*** | **Note: this referral will not be processed unless this section is complete.****Please give a brief outline of why the applicant *needs support* and** ***the outcome* they wish to achieve by receiving this support.** |

1. **Risk Indicators** (answering yes will not mean that the service user can’t have a service; it just enables us to make sure the most suitable provision can be provided for their needs)

|  |  |
| --- | --- |
| Is there a current Risk Assessment available? *Please attach to this application (failure to do so may delay the application* | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant ever hurt anyone? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant damaged any property/ belongings intentionally?  | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant ever intentionally started a fire? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant ever been in trouble with the police? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant ever had a problem with illegal drugs alcohol? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has applicant ever tried to take their own life? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has the applicant ever intentionally harmed themselves? | Yes [ ]  No [ ] Don’t know [ ]  |
| Is applicant involved in sexual violence? | Yes [ ]  No [ ] Don’t know [ ]  |
| Is the applicant required to register with the Police under the Sex Offenders Act 1997/the Sex Offences Act 2003? | Yes [ ]  No [ ] Don’t know [ ]  |
| Has the applicant ever been violent towards a staff member of any organisation? | Yes [ ]  No [ ] Don’t know [ ]  |
| Are there any risks concerning the applicants physical disability or mobility? | Yes [ ]  No [ ] Don’t know [ ]  |
| Are there any risks around any medication the applicant takes? | Yes [ ]  No [ ] Don’t know [ ]  |
| Is the applicant at risk from other people? | Yes [ ]  No [ ] Don’t know [ ]  |
| Do workers need to know anything about the service user before entering their home? | Yes [ ]  No [ ] Don’t know [ ]  |

**Please indicate if a joint visit is required for the initial contact assessment, or if an assessment in a safe place such as the Information Station should be undertaken *(This referral will NOT be processed unless this section is complete):***

**Lone Visit** [ ]  **Joint Visit** [ ]  **Information Station** [ ]

|  |
| --- |
| *Other Information:* |

|  |
| --- |
| *If you have answered yes to any of the above risk indicators, please give more detail below (failure to do so may delay the application)*: |

1. **Current / Previous Support Received**

|  |
| --- |
| *(If known) please detail any previous/other current housing-related support received by applicant (floating or supported housing) including any exclusions* |

1. **Authorisation**

|  |
| --- |
| Has the applicant consented to you sending this referral, along with the information contained, to the Council’s Housing Support Team? Yes [ ]  No [ ]  |
| Have you advised and sought agreement from the applicant that information contained within this document will be forwarded to contracted support providers and may be shared with other agencies? Yes [ ]  No [ ]  |

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must state that verbal consent has been given for a referral to be made.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |  | Date: |  |
| Or applicant’s verbal consent to referral: Yes [ ]  No [ ]  |
| Referrer’s Signature: |  | Date: |  |

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If accepted the applicant will be contacted in order to undertake a Housing Related Support Needs Assessment. Being accepted at this assessment stage is not a guarantee of support. The support needs assessment will identify eligibility based on individual housing related support needs. If needs are identified, the applicant will be placed on a waiting list for the most appropriate service(s). Wait times for support to commence may vary.

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***To be completed by HS Team:***

1. Risks checked on Social Services /Housing Database: Yes [ ]  No [ ]  N/A [ ]  Details of known risks:

|  |
| --- |
|  |

1. Other SP services identified (previous or current)): Yes [ ]  No [ ]

Details:

|  |
| --- |
|  |

1. Service exclusions identified: Yes [ ]  No [ ]

Details:

|  |
| --- |
|  |

1. Referrer updated: Yes [ ]  No [ ]
2. Support application input to Civica: Yes [ ]  No [ ]  N/A [ ]
3. Other Relevant Information:

|  |
| --- |
|  |

1. Application processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Allocated GAW (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_