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

**newport.**[**gateway@newport.gov.uk**](mailto: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.

---------------------------------------------------------------------------------------------------------------------------------------------------------

***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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_