

RHONDDA CYNON TAF

Housing-Related Support



Referral Form

Please complete this form if you are interested in receiving support to help you successfully manage your home, or you would like to be considered for supported housing, and sign the form. If you are completing this form on behalf of someone else, please discuss the referral with them and ensure that they agree to receive support and sharing the information.

If you are unable to get the form signed, please ensure verbal consent is given and note this in the signature box at the end of this form before returning it.

1. Communication

Are you able to communicate in English/Welsh?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which Language would you like us to communicate with you in?	<input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Bilingually
Do you have any communication needs you would like us to consider?	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> No <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Prefer not to say
Do you require a British Sign Language (BSL) worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your first language is not English/Welsh, do you require a translation service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details	

How we use your personal data:

The information in this form is required to help us understand your individual needs and how best we can support you by referring you to the most appropriate provider.

If you would like to know more about how the Housing Support Grant Team (formally Supporting People Team) processes your personal data, please visit our service privacy notice on the Council's Data Protection pages at www.rctcbc.gov.uk/dataprotection or ask a member of the team.



2. Support needed

What support do you need?	<input type="checkbox"/> I would like support in my current tenancy (includes homeowners) <input type="checkbox"/> I would like support to move into my new tenancy (includes homeowners) <input type="checkbox"/> I would like support but do not have my own tenancy <input type="checkbox"/> I would like supported accommodation
Have you previously received support from any support service in RCT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please tell us what service and any names	

3. About you

First name(s)			
Surname			
Date of Birth	National Insurance Number		
Current Address			
Postcode			
Contact Telephone number			
Is it safe to contact you or leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to access the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address			
If we are unable to contact you, who would you like us to contact on your behalf?	Name: Contact Number:		

Do you have any specific health problems or needs?	<input type="checkbox"/> Physical Health needs <input type="checkbox"/> Learning Disability <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Mental Health needs <input type="checkbox"/> No
If one or more ticked, please give details		

Equalities

You do not have to answer the following equalities questions if you do not want to

Gender	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Transgender identity
Marital Status	<input type="checkbox"/> Civil Partnership <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Married <input type="checkbox"/> Single
Ethnic Origin	<input type="checkbox"/> Asian or Asian British-Bangladeshi <input type="checkbox"/> Asian or Asian British-Chinese <input type="checkbox"/> Asian or Asian British-Indian <input type="checkbox"/> Asian or Asian British- Pakistani <input type="checkbox"/> Asian Other <input type="checkbox"/> Black or Black British- African <input type="checkbox"/> Black or Black British- Caribbean <input type="checkbox"/> Black or Black British- Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other Ethnic Group (please specify):	<input type="checkbox"/> Mixed- White & Asian <input type="checkbox"/> Mixed- White & Black African <input type="checkbox"/> Mixed- White & Black Caribbean <input type="checkbox"/> Mixed-Other <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other <input type="checkbox"/> Gypsy, Romany, Irish Traveller	
Nationality	<input type="checkbox"/> British <input type="checkbox"/> Scottish <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> English <input type="checkbox"/> Northern Irish	<input type="checkbox"/> Welsh <input type="checkbox"/> Prefer not to say
Sexuality	<input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Gay Man <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Gay Woman/Lesbian
Religious belief	<input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Christian <input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> No faith or religion

4. My current housing situation

Please give details e.g. how long lived there

An Owner Occupier	<input type="checkbox"/>
Renting from a Housing Association Please provide the Housing Association and Housing Officers contact details	<input type="checkbox"/> Housing Association: Contact details:
Renting from a private landlord	<input type="checkbox"/> Landlord Name: Contact details:
Living with family or friends	<input type="checkbox"/>
Living in temporary accommodation/B&B/Hostel	<input type="checkbox"/>
Rough Sleeping	<input type="checkbox"/>
I am moving into my new home	<input type="checkbox"/> What date are you moving in? What is your new address?
Living in a caravan/mobile home	<input type="checkbox"/>
Currently in prison Please provide release date if known	<input type="checkbox"/>
Currently in hospital If known, please provide information regarding accommodation on discharge	<input type="checkbox"/>
Other Please provide details	<input type="checkbox"/>

5. What is the main reason(s) you need support?

You must tick at least one need	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Long Term Illness i.e. diabetes, epilepsy, arthritis
	<input type="checkbox"/> Sexual Violence	<input type="checkbox"/> Criminal Offending History
	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Young Person who is a Care Leaver
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Young Person aged 16-24 who has not been in care
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Gypsy Traveller
	<input type="checkbox"/> Families	<input type="checkbox"/> Substance Misuse
	<input type="checkbox"/> Refugee Status	<input type="checkbox"/> Single Parent Family
	<input type="checkbox"/> Memory loss/Dementia	<input type="checkbox"/> Physical/Sensory Disabilities
	<input type="checkbox"/> Over 55 years of age	<input type="checkbox"/> Single Person aged 25 to 55 with need not listed above
	<input type="checkbox"/> Developmental Disorder i.e. Autism	<input type="checkbox"/> Current or former Armed Service Personnel
From the list above please list the main support needs	Lead need	
	Second need	
	Third need	

PLEASE NOTE: The form will be returned if leads are not ordered

6. Are you currently receiving, or have previously received, any support or help from any professionals, friends or family members?

Examples include: Social Worker, Nurse, Probation Officer, Carer, Housing Officer, Community Psychiatric Nurse (CPN). If you are a Housing Association tenant, please provide details of your allocated Housing Officer.

Name	Relationship to you	Contact Details
1		<input type="text"/> <input type="text"/>
2		<input type="text"/> <input type="text"/>
3		<input type="text"/> <input type="text"/>
4		<input type="text"/> <input type="text"/>
5		<input type="text"/> <input type="text"/>
6		<input type="text"/> <input type="text"/>

7. What support do you feel that you need help with?

If yes, please give details

Are you homeless or threatened with homelessness?	<input type="checkbox"/>
Do you have rent or mortgage arrears? If yes, how much and do you have an arrangement in place to reduce the arrears?	<input type="checkbox"/>
Are you subject to any legal action? e.g. Notice To Quit (NTQ), eviction or possession order	<input type="checkbox"/>
Are you experiencing harassment or are you at risk of violence from others?	<input type="checkbox"/>
Do you need help to manage your money? e.g. Paying bills/rent, applying for benefits, benefits have been stopped/sanctioned or managing debt/s	<input type="checkbox"/>
Do you need help to fill in forms or reading forms? e.g. Letters and bills	<input type="checkbox"/>
Do you need help looking for work, training, volunteering or finding activities in your local area?	<input type="checkbox"/>
Do you need help with looking after yourself including making appointments? e.g. Visiting a GP/Dentist/other medical professional, eating healthy or help with your mental wellbeing	<input type="checkbox"/>
Do you need help to move and look for alternative accommodation? e.g. Help to apply for housing or to bid for properties?	<input type="checkbox"/>
Do you need help to feel safe in your home? e.g. Help with getting adaptations to your home to make it easier to live, such as, having a shower and grab rails fitted	<input type="checkbox"/>
Do you need help to manage and maintain your home? e.g. Arranging repairs, looking after your garden, helping to keep the property clean and tidy	<input type="checkbox"/>
Do you need any help to prevent the loss of your home? e.g. Issues with antisocial behaviour, substance misuse, medical or social needs	<input type="checkbox"/>
Do you have accommodation but are unable to live in it/return to it? e.g. Due to domestic violence, risk from others	<input type="checkbox"/>

8. **Do you have any other information you think would be useful for us to know so that we can support you effectively?**

9. **Consent**

If you are completing the form on behalf of someone else, please discuss the referral with them and ensure that they give consent to be referred for support.

Has the applicant consented to this referral?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No If this application is being submitted without someone's consent (e.g. for safeguarding purposes) please contact the Housing Support Grant Team directly to discuss the application.

Sharing my information

I understand that in order to receive support, the information recorded on this referral form will be shared with the most appropriate agency or organisation that may be able to meet my needs through the provision of advice and support.

Name	
Signature	Date

If unable to obtain a signature, please gain verbal consent

Referring Agency

Referrer's Name	
Organisation	
Contact Number	
Email Address	
Relationship to applicant	
If known to Housing Solutions Team, please provide Homeless Application Number	

If you are a referring agency completing this form on behalf of someone you are currently providing a service to, please attach additional information e.g. risk assessment.

Please indicate if the type of visit required for the initial contact assessment	<input type="checkbox"/> Lone Visit <input type="checkbox"/> Joint Visit <input type="checkbox"/> Safe/Public Space
If you have answered yes to joint visit or safe/public space, please give more detail	

IF PAPER FORM...

Please return the form to:

**Housing Support Grant Team
Sardis House, Sardis Road
Pontypridd CF37 1DU**

IF INTERACTIVE FORM...

Please return the form to:

HSGTEAM@rctcbc.gov.uk

Mae croeso i chi gyfathrebu â ni yn y Gymraeg
You are welcome to communicate with us in Welsh

