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**WDC Tenancy Sustainment**

**Referral Form**

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| **Applicants name :** |
| Current address : |
| Date of birth: |
| Telephone No: |
| Email Address: |
| If we cannot get hold of him/her on the phone number you have given, is there someone else we can talk to who can get a message to him/her?  Name of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Their phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of referral: |
| When did Applicant’s tenancy start?  If this is a new tenancy: What date is it due to start? |
| **Prior to this tenancy was the applicant:**  A Rough Sleeper? Yes  No  **or**  A previous Rough Sleeper moving on from Supported Accommodation Yes No  Other. Give details: |
| **Does the Applicant have language, literacy or other communication difficulties?**  ***Please give details:*** |
| If Refugee / Asylum Seeker / Non EU national:  Do they have ‘Recourse to Public Funds’? Yes No Don’t Know |
| **Referrer’s Name:** |
| Organisation: |
| Tel numbers:  E-mail Address: |

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| **Describe the difficulties the applicant is experiencing and the type of help required:** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Indicators Summary**  **Please mark against ALL indicators, or the assessment will be delayed.**  This information is required to allow support staff to prepare for the assessment interview fully. Does the Applicant have any history or evidence of the following? (Put an **X** in the relevant box) | | | | | | | |
|  | **Yes** | **No** | **Don’t Know** |  | **Yes** | **No** | **Don’t Know** |
| Aggression |  |  |  | Historical Substance / Alcohol use |  |  |  |
| Arson |  |  |  | Sex Offences |  |  |  |
| Domestic Abuse |  |  |  | Self Harm |  |  |  |
| Current Substance / Alcohol use |  |  |  | Other (please specify) |  |  |  |
| **Is there anything else that you feel we should know about this applicant or their circumstances in terms of risk?** | | | | | | | |
| Please give details: | | | | | | | |

Thank you for taking the time to complete this form. Please return it with any attachments to:

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