

FLOATING TENANCY SUPPORT



REFERRAL PACK 2011/12



TENANCY SUPPORT SERVICE

Eligibility Criteria for Referrals

CHAT Tenancy Support Service supports clients who have a vulnerability to being made homeless. Examples of this are as follows:

- The client is at risk of losing their tenancy.
- The client needs support to help them keep their tenancy.
- The client has financial problems - such as rent arrears, debts and/or benefit issues
- The client is starting a new tenancy
- The client has multiple issues that affect their ability to maintain their tenancy

Prioritisation Criteria

The criteria may be broken down into two categories of support need

High Needs

- Where a person is in immediate danger of losing a tenancy - where a Court date or Notice has been issued
- Where a person has multiple/complex needs
- Where a person is moving on from supported housing.
- Where a person is starting a new tenancy
- Where a person has significant rent arrears
- Where a persons benefit problems are affecting their tenancy

Medium Needs

- Where a person needs ongoing support with arrears, or benefit problems, to help maintain their tenancy.
- Where a need for ongoing support has been identified by a referring agency.
- Where short term intervention would reduce the risk of homelessness at a later date

Additional recognition will be given to the length of time a client is on the waiting list

CLIENTS NAME	
ADDRESS	<p>Postcode</p> <p>Date moved to this address</p>
DATE OF BIRTH	
TELEPHONE NUMBERS	<p>Mobile</p> <p>Landline</p>
PARTNER DETAILS	<p>Name</p> <p>D.O.B.</p>
CHILDREN If more space required please continue on an additional sheet	<p>Do you have children who live with you? If so please provide details</p> <p>Name D.O.B.</p> <p>Name D.O.B.</p> <p>Name D.O.B.</p> <p>OR</p> <p>Do you have regular access to your children if they live separately to you? If so please provide details</p> <p>Name D.O.B.</p> <p>Name D.O.B.</p> <p>Name D.O.B.</p>
INCOME	<p>Are you employed? Yes/No</p> <p>Do you work over 30 hours per week? Yes/No</p> <p>Do you receive Means Tested benefits? Yes/No</p> <p>If so which benefits do you receive</p> <p>Do you receive any other benefits – please list all benefits received</p>

TENANCY INFORMATION	DETAILS		
Rent Charge Has the applicant applied for or do they receive a Discretionary Housing Payment from Mid Devon District Council if they are entitled to the Housing Allowance	<table border="1" data-bbox="743 329 1412 384"> <tr> <td data-bbox="743 329 1019 384">£</td> <td data-bbox="1024 329 1412 384">per</td> </tr> </table> Yes/No	£	per
£	per		
Name and address of landlord			
Is the applicant starting a new tenancy shortly If yes please state expected moving in date	Yes/No		
Is the applicant homeless or likely to be homeless within the next 28 days If yes please give more information	Yes/No		
Has the applicant been served with Notice by the landlord If yes please give more information	Yes/No		
Has a Court date been issued If yes please give more information	Yes/No		

<p>Does the applicant have rent arrears If yes please give more information</p>	<p>Yes/No</p>
<p>Does the applicant have other debts If so approximately how much is owed</p>	<p>Yes/No</p>
<p>Does the applicant have benefit problems that they need support with Please explain briefly what problems they are experiencing</p>	<p>Yes/No</p>
<p>HEALTH INFORMATION</p>	<p>DETAILS</p>
<p>Does the applicant have any health issues If relevant please describe health issue</p> <p>Please indicate the level of severity</p>	<p>Yes/No</p> <p>High Medium Low</p>

<p>Does the applicant have any mental health issues Please describe mental health issue</p> <p>Please indicate the level of severity</p>	<p>Yes/No</p> <p>High Medium Low</p>
<p>Does the applicant have any addiction issues e.g. Alcohol, Drugs, Gambling etc Please give further details</p> <p>Please indicate the level of severity</p>	<p>Yes/No</p> <p>High Medium Low</p>
<p>Does the applicant consider that they have a disability Please give further details</p> <p>Does the disability affect their tenancy Please give further details</p>	<p>Yes/No</p> <p>Yes/No</p>
<p>Does the applicant use other support services e.g. Social Services, Community Mental Health Services Please give further details</p>	<p>Yes/No</p>

<p>Does the applicant require support to access other services Please give further details</p>	<p>Yes/No</p>
<p>Does the applicant have any other form of support such as family, friends, voluntary organisation etc to help them Please give further details</p>	<p>Yes/No</p>
<p>Does the applicant have any needs relating to their ethnicity Please give further details</p>	<p>Yes/No</p>
<p>COMMUNITY INFORMATION</p>	<p>DETAILS</p>
<p>Does the applicant have a history of offending</p> <p>If they do have a history of offending please list known offences and the date that they occurred</p>	<p>Yes/No</p>

Is the applicant subject to an Anti Social Behaviour Order(ASBO), Acceptable Behaviour Contract (ABC) or something similar

If they are subject to one of the above please give further details including dates of any Order or Contract

Yes/No

REFERRER DETAILS

NAME

ORGANISATION

ADDRESS

CONTACT TELEPHONE NUMBERS

E MAIL ADDRESS

Applicant name:	Applicant address:
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I am making a referral on behalf of

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For the following reasons:

Has the applicant received any advice or support from CHAT previously?

Signed

Date

Referrer Risk Assessment Checklist

To be included in all application/referral packs for all services, unless otherwise specified

To Referrers: Please complete this form to identify all risks and concerns relating to the applicant. Please fill in every category, even if only a tick in the “No” box or state “Unknown”.

Any “Yes” answers will not automatically invalidate the person from receiving support but will enable us to more effectively assess and manage the risks involved.

If you answer “Yes” to any of the following questions please provide further details on a separate sheet which include:

- Past History**
- Current Situation & Frequency**
- Any known triggers**
- How risk is currently managed or not (including service user insight)**
- Service User strengths and other resources used to manage risk effectively**

Wherever possible this form should be completed with the full knowledge and cooperation of the applicant. Their views should be included, especially if they differ.

If you decide there is identified risk information in relation to this applicant which you feel unable to discuss with them, please contact us.

1. Does this person have a history of violence, verbal abuse or aggression towards others?	Yes	No
Details		
2. Does this person have a history of damaging property?	Yes	No
Details		
3. Does this person have a history of problematic behaviour in previous accommodation e.g. eviction, arrears, antisocial behaviour, inability to share facilities?	Yes	No
Details		
4. Does this person have a history of arson or attempted arson?	Yes	No
Details		
5. Has this person ever carried dangerous weapons?	Yes	No
Details		
6. Does this person have any physical or sensory disability?	Yes	No
Details		

7. Does this person have a history of falling and or wandering?	Yes	No
Details		
8. Has this person ever not taken prescribed medication or have prescribed drugs recently been discontinued?	Yes	No
Details		
9. Does this person suffer from a condition which results in loss of self control and/or memory?	Yes	No
Details		
10. Does this person suffer from a medical condition which could be contagious?	Yes	No
Details		
11. Is this person suffering from severe stress?	Yes	No
Details		
12. Does this person have a history of mental ill health?	Yes	No
Details		
13. Does this person have a history of self harm?	Yes	No
Details		
14. Does this person have a history of suicide attempts?	Yes	No
Details		
15. Does this person have a history of self neglect?	Yes	No
Details		
16. Is this person likely to abuse alcohol, drugs or other substances?	Yes	No
Details		
17. Is this person at risk from others?	Yes	No
Details		
18. Is this person at risk of violence from others (e.g. domestic abuse)?	Yes	No
Details		
19. Is this person a victim of harassment?	Yes	No
Details		

CONSENT FORM

Name..... Date.....

Address.....

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Telephone..... National Insurance Number

I give my consent to the recording and use of the information I have provided.

In order for CHAT to act on my behalf regarding my housing and welfare needs, I give consent for CHAT to share and receive written or verbal information with third parties that would require disclosure of personal details, as set out below.

Organisation	Department	Named contact	Contact details

Signed.....

Signed on behalf of CHAT.....

Please tick this box if you DO NOT want the information you have provided being used for training or audit purposes.