Tenancy Sustainment Referral Form

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| **Referrer Details** |  |
| Referred By (name) |  |
| Referrer Email & Contact Number |  |
| Referral Date  |  |

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| **Customer Details** |  |
| Name  |  | National Insurance  |  |
| Address |  | Postcode |  |
| Telephone |  | Mobile |  |
| Date of birth (include age) |  **/ /** |  **y/o** | Ethnicity |  |
| GP details |  | Telephone |  |
| Type of Tenancy (please tick) | General Needs [ ]  Sheltered [ ]  Temp Accommodation [ ]  Extra Care [ ]  |
| Are there other household members? | Yes [ ]  No [ ]   |

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| Visiting – tick all that apply |
| Two Person Visit Required |[ ]  Dogs at Property |[ ]  Smokers at Property |[ ]

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| Vulnerabilities – tick all that apply |
| History of Rent arrears |[ ]  Care leaver/First tenancy |[ ]  Drug / Alcohol Misuse |[ ]
| Mental Health  |[ ]  History of rough sleeping |[ ]  History of ASB |[ ]
| Physical health  |[ ]  Ex-offender |[ ]  Victim of Domestic Abuse/ASB including hate crime |[ ]
| Learning disability/difficulty |[ ]   |  |  |  |

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| Reason for Referral and what actions would you like the Tenancy Sustainment Team to assist with including Details of Other Internal Teams and External Agencies Currently Involved – Name, Contact Details |
| **Details of Current Benefits** |  |
|  |
| Victim/Perpetrator Support |[ ]  Safeguarding |[ ]  Hoarding / Property |[ ]
| Life skills/Daily living skills |[ ]  Budgeting Support |[ ]  Benefits support/Financial Health check |[ ]
| Moving home |[ ]  Accessing Other Services |[ ]  Other – please state above |[ ]

DO YOU HAVE CONSENT FROM THE CLIENT FOR THIS REFERRAL? Yes [ ]  / No [ ]

PLEASE EMAIL FORM TO TenancySustainment@winchester.gov.uk