**Please complete all sections fully and provide as much information as possible to help us identify the appropriate Housing Support.**

**Ceredigion Housing Support Application & Risk Form**

1. **Applicant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** **(Inc. title)** | Click or tap here to enter text. | PrioritySupport | YesNo | [ ] [ ]  |
| **DOB** | Click or tap to enter a date. | **NI No**  | Click or tap here to enter text. | WCCIS Number (If known) | Click or tap here to enter text. |
| **Gender**  | Click or tap here to enter text. | **Marital Status**  | Click or tap here to enter text. | Abritas Ref No: | Click or tap here to enter text. |
| **Nationality**  | Click or tap here to enter text. | **Ethnic origin** |  Click or tap here to enter text. |

1. **Applicant’s Address and Contact Details**

|  |  |
| --- | --- |
| **Current Address** |  Click or tap here to enter text. |
| **Post code** |  Click or tap here to enter text. | **Date Moved In** |  Click or tap to enter a date. |
| **Landlord Name & Address****(if applicable)** |  Click or tap here to enter text. |
| **Is the address above:****(please select)** |  Home [ ]  Work [ ]  Solicitors [ ]  Parents [ ]  Refuge [ ]  Professional [ ]  Friend [ ]  Other [ ]  If Other, please see Section 4 Below:  |
| **Home Tel:** | Click or tap here to enter text. |  | **Mobile Tel:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Preferred method of contact OR alternative contact details**: | Click or tap here to enter text. | **Is it safe to leave a message?**  | Yes [ ]  No [ ]  |
| **Is it safe to send correspondence to your address?**  |  Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Has any person named on the application lived in Great Britain for less than 2 years?**  |  Yes / No: Choose an item. |
| **Is any person named on the application subject to immigration control?** |  Yes / No: Choose an item. |

1. **Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer**  | Click or tap here to enter text. | **Date of Referral** | Click or tap to enter a date. |
| **Position** | Click or tap here to enter text. | **Agency/Organisation** | Click or tap here to enter text. |
| **Contact Number**  | Click or tap here to enter text. | **E-mail**  | Click or tap here to enter text. |

1. **Current Accommodation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you at immediate risk of homelessness**?  | Yes | [ ]  | No | [ ]  |
| **Do you live alone**? | Yes | [ ]  | No | [ ]  |
| **If No, please detail who are/will be living in your home** |  Click or tap here to enter text. |
| **Do you have any communication issues you would like us to consider? If so, please detail:** |  Click or tap here to enter text. |
| **Do you have any cultural issues you would like us to consider? If so, please detail**: |  Click or tap here to enter text. |
| **Describe your current accommodation type: (Rented, Sheltered, Homeless, Temporary Accommodation, Hospital, Prison, Owner, Other etc)** |  Choose an item. |
| **Reason for leaving last accommodation?** |  Click or tap here to enter text. |
| **What is your economic status? (Employed, unemployed, Seeking employment, training etc.)** | Choose an item. |
| **Does the applicant live in Ceredigion?**  | Yes | [ ]   | No  | [ ]   |
| **If supported accommodation:****Has a local connection to Ceredigion been established?**  | Yes  | [ ]   | No  | [ ]  |
| **If Yes to the above please give some details**  | Click or tap here to enter text. |

1. **Support Type Required**

|  |  |  |
| --- | --- | --- |
| **Support Required**  | Support in my own home [ ] Support to prepare for a tenancy [ ]  | Supported Accommodation [ ] Hostel/Refuge accommodation [ ]  |
| **Level of Support required if known****Please select** | I need help but not sure who to ask | General Information | [ ]  |
| One off | Advice, information or guidance related to Housing Needs | [ ]  |
| Low *(2hrs p.w.)* | I need some help & advice to resolve Housing related needs | [ ]  |
| Medium (*4hrs p.w.)* | I need advice, support and encouragement to manage my home and well-being | [ ]  |
| High (*10hrs p.w.)* | I have significant problems and my accommodation and well-being are at risk | [ ]  |
| Intensive *(15hrs p.w.)* | I’m not able to manage my home or well-being without significant direct support, encouragement | [ ]  |

1. **Other Support or Agencies**

|  |  |
| --- | --- |
| **Are you receiving support from other support providers or agencies?** | Yes [ ]  No [ ]  |
| **Please list any other type of support or agencies that you are currently receiving support from.** | Click or tap here to enter text. |

1. **Applicant’s Support Needs & Issues**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please outline the issues that are most relevant to you or best describe the support needed****(Please tick all that are relevant):**  | **Key Support Areas**  | **Primary Need**  | **Secondary Need**  | **Tertiary Need**  |
| People with Criminal Offending History  | [ ]  | [ ]  | [ ]  |
| People over 55 years of age with Support Needs | [ ]  | [ ]  | [ ]  |
| People with Physical Disabilities | [ ]  | [ ]  | [ ]  |
| People with Substance Misuse Issues (Alcohol) | [ ]  | [ ]  | [ ]  |
| People with Substance Misuse Issues (Drugs and volatile substances) | [ ]  | [ ]  | [ ]  |
| People with Chronic Illnesses (including HIV, Aids)  | [ ]  | [ ]  | [ ]  |
| People with Learning Disabilities | [ ]  | [ ]  | [ ]  |
| People with Mental Health Issues | [ ]  | [ ]  | [ ]  |
| People with Refugee Status or Asylum seekers | [ ]  | [ ]  | [ ]  |
| Gypsy travellers | [ ]  | [ ]  | [ ]  |
| Young People who are Care Leavers  | [ ]  | [ ]  | [ ]  |
| Women experiencing Domestic Abuse  | [ ]  | [ ]  | [ ]  |
| Men experiencing Domestic Abuse | [ ]  | [ ]  | [ ]  |
| Young People with Support Needs (16-24) | [ ]  | [ ]  | [ ]  |
| Families with Support Needs | [ ]  | [ ]  | [ ]  |
| People with Sensory Variances or Developmental Disorders (e.g. Autism/ADHD) | [ ]  | [ ]  | [ ]  |
| Single Parent Families with Support Needs  | [ ]  | [ ]  | [ ]  |
| Single People with Support Needs not listed above (25-54)  | [ ]  | [ ]  | [ ]  |
|   | Other | [ ]  | [ ]  | [ ]  |
| **Please provide additional details for the 3 Priority issues selected above.** | Click or tap here to enter text. |

1. **Type of Support Needed – please tick if relevant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Setting up / maintaining home & tenancy**  | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]  |
| **Finance & budgeting**  | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **Maintaining the safety & security of the home**  | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **Living skills**  | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **Access to training & employment**  | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **Accessing the community**  | None  | [ ]   | A little  | [ ]   | Some [ ]  | A lot [ ]  |
| **Managing relationships and behaviour** | None  | [ ]  | A little  | [ ]   | Some [ ]  | A lot [ ]   |
| **Physical / mental health and wellbeing**  | None  | [ ]  | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **Domestic Abuse Refuge** | None  | [ ]   | A little  | [ ]   | Some [ ]   | A lot [ ]   |
| **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.**  | Click or tap here to enter text. |

1. **Consent to Share Information**

I give the Housing Support Gateway Team consent to share information recorded on this form with other agencies or organisations; that may be able to meet my needs through the provision of advice and support. I give consent to other services to provide Housing Support with information that may help with the co-ordination and provision of advice, support or services to meet my individual needs.

1. **Privacy Notice:**

Ceredigion County Council is committed to upholding your privacy rights. We will only use your personal information for lawful purposes. If you would like to find out more about how we use your personal information please read our privacy notices which are available on our website (http://www.ceredigion.gov.uk/your-council/data-protection-freedom-of-information/data-protection/privacy-notice/complaints-and-freedom-of-information-privacy-notice/)

If you have any concerns or would like to know more about data protection compliance please contact our Data Protection Officer on 01545 570881

1. **Authorisation**

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must ensure a record is available to demonstrate the applicant has agreed to be referred to the service and understands how their information will be used.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature:   | Click or tap here to enter text.  | Date:  |  Click or tap to enter a date. |
| Referrer’s Signature:   |  Click or tap here to enter text. | Date:  |  Click or tap to enter a date. |

**RISK ASSESSMENT (MANDATORY):**

To ensure that applicants receive the most appropriate support and ensure the safety of support staff, the following section is essential for the application.

Any answers indicating “Yes” will not mean that people cannot be supported, it just enables us to make sure the most suitable provision is 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 or alcohol?  | 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 currently 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 applicant’s 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 before entering their home?  | Yes  | [ ]   | No  | [ ]   | Don’t know  | [ ]   |

*If you have answered yes to any of the above, please give more detail below (failure to do so may delay the application)*:

Click or tap here to enter text.

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*.
Click or tap here to enter text.

**Gateway Team to Complete**:

Please indicate if a joint visit is required for the initial contact assessment, or if an assessment in a safe place should be undertaken:

 Lone Visit [ ]  Joint Visit [ ]  Safe/Public Space [ ]

Other Information Click or tap here to enter text.

**PLEASE Email or Post the completed form to;**

**🖳**  **HousingSupport@ceredigion.gov.uk**

**🖃 Housing Support Grant**

**Cyngor Sir CEREDIGION County Council**

**Porth Gofal**

**Canolfan Rheidol
Rhodfa Padarn
Llanbadarn Fawr
Aberystwyth
SY23 3UE**

**🕾 01545 570881**