



Housing Support referral form

About you (or the person who needs housing support, if you are completing this form on behalf of someone else)

Name	
Date of birth	
Address	
Tel	
Email	
Date of referral	

About your home

Does anyone else live with you? YES/ NO

Partner or spouse – please give name and age	
Children or dependents – please state names and ages	
Others – please state names, ages and relationship to you	

What type of accommodation are you living in?

Council tenant <input type="checkbox"/>	Other social housing tenant (renting from a housing association) <input type="checkbox"/>
Temporary housing from RBKC <input type="checkbox"/>	Private rented accommodation <input type="checkbox"/>
Owner-occupier <input type="checkbox"/>	Bed & Breakfast <input type="checkbox"/>
Staying with family/friends <input type="checkbox"/>	Tied accommodation <input type="checkbox"/>
Street homeless <input type="checkbox"/>	Other <input type="checkbox"/>
Name of landlord if applicable	

About you and the support you want

Please tick all of the statements which apply to you:

Older person (aged 55+)	<input type="checkbox"/>
Younger person (16 to 25)	<input type="checkbox"/>
Learning difficulty or disability	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>
Physical disability or sensory impairment (hearing / sight)	<input type="checkbox"/>
Alcohol problem	<input type="checkbox"/>
Drug problem	<input type="checkbox"/>
Homeless family	<input type="checkbox"/>
Refugee status	<input type="checkbox"/>
Previously imprisoned or are at risk of offending or re-offending	<input type="checkbox"/>
Other (please explain)	

What do you want support with?

Please tick all the statements below which apply to you:

I have rent arrears	<input type="checkbox"/>	I need support to find a new home	<input type="checkbox"/>
I need regular support to manage my home, such as paying bills and corresponding with my landlord	<input type="checkbox"/>	I am being evicted by my landlord or am threatened with eviction	<input type="checkbox"/>
I need advice and support to access health and/ or social services	<input type="checkbox"/>	I need advice and support to find other services in my area	<input type="checkbox"/>
I have a dispute with neighbours and need support to resolve it	<input type="checkbox"/>	I need support to make sure I am claiming the right welfare benefits	<input type="checkbox"/>
I need support to make the most of my money and budget better	<input type="checkbox"/>	I need support to de-clutter my home and address hoarding issues	<input type="checkbox"/>
I need support to find furniture and decoration for my home	<input type="checkbox"/>	I need support to find education, training or work opportunities	<input type="checkbox"/>

More about the support you want

Please give some further information about why you want support

If you have rent arrears, please give us more information

Total rent arrears (£)	
Legal action stage if any (include any court dates if known)	

Language and communication

Can you read / write English?	YES / NO
Please tell us your main language:	
Do you need an interpreter?	YES / NO
Do you have any other communication needs? (e.g. sign language, Braille)	

Risk

Are you at risk of harm from others or yourself? Are there any reasons that make you a risk to others? Please give details For professionals, please provide a current risk assessment where available

Other people who know you and support you – please list others such a social worker or carer

Name	Job title/ Relationship	Agency (if appropriate)	Tel no or address

How we use your information

The personal information that you provide will be handled by the Council in line with the Data Protection Act 1998 and will be used for the purpose of housing support. Your information will not be used for any other purpose and only shared with those departments that you have indicated in this form.

Consent to contact you

I give permission for a referral to be made for housing support and the information given to be shared with a support service.
Please check this box

If you are completing this referral on someone else's behalf, please provide your contact details:

Name:	
Organisation:	
Tel:	Email:

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Equality & Fair Access Monitoring Details

(You do not have to complete this part of the form, but if you do it will help us to monitor our services and ensure we provide fair access)

How would you best describe the race or ethnic group of you/the person you are referring? (Please tick box)

Asian or Asian British – African Indian		White - British	
Asian or Asian British – Indian		White - Irish	
Asian or Asian British – Pakistani		White - Other European	
Asian or Asian British – Bangladeshi		Any other White background	
Any other Asian background		Moroccan Arab	
Black or Black British – Caribbean		Other Arab background	
Black or Black British – Somalian		Chinese	
Black or Black British – African		Filipino	
Any other Black background		Mixed - White and Black African	
Mixed - White and Black Caribbean		Any other Mixed background	
Mixed - White and Asian		Any other background	

Are you/the person you are referring:

Male		Female	
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Your/person you are referring's age is:

16-25		26-55		55+	
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Do you consider yourself/the person you are referring to have a disability?

Yes		No	
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If yes, what is the nature of the disability?

Mobility		Visual impairment	
Hearing difficulty		Learning disability	
Mental health problem		Other	

Please email the completed form to SIT@rbkc.gov.uk

Email is the best way to contact us but if you do not have access to email, please send the form to:

Single Homeless Team Coordinator, Royal Borough of Kensington and Chelsea, Town Hall, Purple Area, 2nd floor, Hornton Street, London W8 7NX

Tel: 020 7361 4222 Fax: 020 7368 0216