

## Calderdale SmartMove Referral Consent Form

Calderdale SmartMove is committed to providing a confidential service to the people we work with. However, there are times when we need to discuss your tenancy and support needs with other carers and services. Please can you give us your permission to contact other agencies and individuals, which you have been involved with in the past and at present.

I \_\_\_\_\_ give Calderdale SmartMove permission to have access to information and share information with the following agencies.

Date of Birth: \_\_\_\_\_

<b>Agency</b>	Please initial those agencies which you give permission to share information with
Current Housing provider:	
Other Housing Providers	
Housing Benefit	
Department for Work and Pensions (DHSS)	
Utility Companies	
Debt Collection Agencies	
Medical (including psychiatric services)	
Social Services	
Child Benefit	
Probation / Police	
Permission for SmartMove to receive written copies of any previous convictions	
Drug and Alcohol Services	
Counselling	
Inland Revenue	
Family and friends (only where relevant to your housing situation)	
Other (please specify)	

Is there anyone you do not wish us to contact?      No      Yes  
(e.g. a family member or a friend)  
If yes, please specify

I understand that in exceptional circumstances (e.g. Child Protection or Public Protection issues) Calderdale SmartMove may share information with other agencies or individuals without my consent

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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### Equal Opportunities

Calderdale SmartMove aims to ensure that no client or anyone associated with Calderdale SmartMove is discriminated against on any grounds. A full copy of our equal opportunities policy is available on request from our office.

<b>PERSONAL DETAILS</b>		
First name/s of applicant:	Last Name:	
Any previous names used:		
Gender: Male    Female	Access to children?    Yes          No	
Contact address:		
Postcode:		
Contact telephone number:		
Date of birth:	Age:	Ni No:

<b>Which SmartMove services does applicant require?</b>		
Bond Only	Tenancy Support Only	Bond <b>and</b> Tenancy Support

<b>Ethnic Origin as defined by applicant:</b>							
<b>White</b>	English		Welsh		Scottish		Irish
Other white background							
<b>Black</b>	British		African		Caribbean		Other black background
Other black background							
<b>Asian</b>	Pakistani		Bangladeshi		British		Indian
Other Asian background							
<b>Mixed</b>	White and Black African		White and Black Caribbean		White and Black British		White and Asian
White and Asian							
<b>Chinese</b>			Did not want to answer		<b>Other</b> (please specify below)		

<b>Does applicant consider himself or herself to have a disability?</b> Yes          No
If yes, please give details:

<b>INCOME – BENEFIT &amp; EMPLOYMENT DETAILS</b>
(e.g. JSA, IB, IS inc amount / Employer, earnings and type of job)
<b>Remember, if take home earnings from employment are over £180pw applicant may not be eligible for bond</b>

<b>HOUSING HISTORY</b>				
Current / Most Recent Landlord / Housing Association:				
Contact details:				
Tenancy end date:				
<b>Current housing situation</b> (please select a number from below): <input type="text"/>				
<b>1</b> B & B or other temp	<b>2</b> Children's home	<b>3</b> Foster care	<b>4</b> Hostel	<b>5</b> L A accommodation
<b>6</b> Mobile home	<b>7</b> NFA / Sofa Surfer	<b>8</b> Night Shelter	<b>9</b> Owner Occupier	<b>10</b> Prison
<b>11</b> Private Rented	<b>12</b> Rough sleeper	<b>13</b> Registered social Landlord	<b>14</b> Squatting	<b>15</b> Staying with friends
<b>16</b> Staying with parents	<b>17</b> Staying with relatives	<b>18</b> Supported accommodation (long term)	<b>19</b> Tied accommodation	<b>20</b> Other (please specify)
<b>Where did applicant sleep last night</b> (please select a number from above)? <input type="text"/>				
Has the applicant ever slept rough?		If yes, how long have they slept rough in total?		When did applicant last sleep rough (date)?
Yes	No			
<b>Main reason for homelessness</b> (please select a number from below): <input type="text"/>				
<b>1</b> Asked to leave	<b>2</b> Armed forces	<b>3</b> Asylum Seeker	<b>4</b> Bereavement	
<b>5</b> Disrepair	<b>6</b> Eviction tenancy (arrears)	<b>7</b> Eviction tenancy (anti-social behaviour)	<b>8</b> Eviction hostel / temp accommodation	
<b>9</b> Hospital discharge	<b>10</b> Harassment from landlord	<b>11</b> Harassment form neighbours	<b>12</b> Left by choice	
<b>13</b> Leaving care	<b>14</b> Landlord sold property	<b>15</b> Leaving prison	<b>16</b> Mortgage repossession	
<b>17</b> End of shorthold (NTQ)	<b>18</b> Property too expensive	<b>19</b> Relationship breakdown (separation)	<b>20</b> Relationship breakdown (parents)	
<b>21</b> Relapsed from dry house	<b>22</b> Rough sleeping	<b>23</b> Unsuitable accommodation	<b>24</b> Violence at home (domestic)	
<b>25</b> Violence at home (racial / other)	<b>26</b> Other (please specify)			

<b>SUPPORT NEEDS</b> Does applicant require support with any of the following?				
Welfare Benefits		Loneliness		Furniture
Debt / money advice		Cooking		Social Fund (e.g. CCG)
Mental health		Personal care advice		Housing Benefit
Drugs		Housing Advice		Local Information
Alcohol		Bills		Income health check
Life Skills		GP		Other (please specify below)
Training / employment		Setting up tenancy		

<b>SUPPORT NEEDS CONTINUED</b>
Does applicant have any agency workers (e.g. probation officer, substance misuse worker, CPN, social worker)?
Workers name: _____ Contact no: _____

<b>REFERRAL RISK ASSESSMENT</b>					
<b>PLEASE NOTE: WE CANNOT ACCEPT REFERRALS UNLESS THIS SECTION IS COMPLETED</b>					
Please indicate whether any of the following risk factors have been observed, identified or reported.					
<b>Risk Factor</b>	<b>Yes</b>	<b>No</b>	<b>Risk Factor</b>	<b>Yes</b>	<b>No</b>
Criminal Record			Learning Disability		
Aggression/Violence			Domestic Violence		
Theft			Self - harm		
Arson			Suicidal Tendencies		
Abuse of professionals			Nuisance/ASB		
Has applicant ever been a sex worker?			Is there a current ASBO in place?		
Conviction of or arrest for any Schedule 1 offence (sex offence)			Property Damage		
Drug Issues			Debt/Budgeting problems		
Alcohol Issues			Rent Arrears		
Mental Health Issues					
Vulnerable to Abuse From Others			Other (please specify)		

<b>ANY OTHER USEFUL INFORMATION</b>

<b>REFERRER DETAILS</b>	
Name :	
Job Title:	
Organisation:	
Telephone No:	
Signature:	Date:

**Please fax or post to: Calderdale SmartMove,  
9 Portland Place,  
Halifax,  
HX1 2JQ  
Tel. 01422 361515  
Fax. 01422 321926**