Birmingham City Council

Submit by email

Housing Support Service - Care Leavers Referral Form

Only to be completed by the Care Leavers or Housing Pathways teams

The information you give is confidential and subject to the requirements of the Data Protection Act 1998. This personal data will be held and processed by Birmingham City Council to help assess your needs and, in particular, the provision of services for which you may be eligible.

However, this authority is under a duty to protect the public funds it collects and administers, and any data may be used to prevent fraud or the misuse of resources.

The personal details you give may be shared with certain external agencies that help assess and/or give services, and also as part of any statutory duties requiring such a disclosure.

You may ask for a copy of your personal information by writing to the Data Protection Officer, Housing Department, Level 1, Louisa Ryland House, 44 Newhall Street, Birmingham B3 3PL.

Please complete this form giving as much information as possible to enable us to make a decision about the tenant's eligibility for the Housing Support Service.

Personal Details (include joint tenant if applicable):

Title: Full name: Date of Birth:

National Insurance number:

Title: Full name: Date of Birth:

National Insurance number:

Address:

Postcode:

Home tel: Work tel: Mobile tel:

Communication

Language: English ☐ Other ☐ Please specify:

Is the tenant disabled? ☐ Yes ☐ No Details:

Does the tenant have a sensory disability? ☐ Yes ☐ No

Does the client have difficulty with reading or writing? ☐ Yes ☐ No

Signer required? ☐ Yes ☐ No

Braille required? ☐ Yes ☐ No

Induction loop needed? ☐ Yes ☐ No

Large print required? ☐ Yes ☐ No

Other, please specify:

Health

Does the tenant have any significant medical issues or allergies? ☐ Yes ☐ No

If yes, please give details:

Family details

Please provide details of who is living with the tenant:

Name	Date of birth	Relationship to tenant(s)

Financial details

Has the tenant been awarded a care leaving grant? ☐ Yes ☐ No

For tenants under 18 years old, has a rent guarantor been appointed? ☐ Yes ☐ No

If yes, please give details:

Important documents

Does the tenant have a bank / building society / post office account? ☐ Yes ☐ No

Birth certificate? ☐ Yes ☐ No Passport? ☐ Yes ☐ No

NI number? ☐ Yes ☐ No Medical card? ☐ Yes ☐ No

Other agencies

Please give details of any other agencies providing support.

	Name	Address	Tel number
Current GP:			
Social Worker:			
Personal advisor:			
Any other support agency:			

Are you aware of any risk in relation to this tenant? ☐ Yes ☐ No

If yes, is a risk assessment attached? ☐ Yes ☐ No

Reason for referral

What type of support does the tenant hope to get from the Housing Support Service?

Advocacy / communicating	☐	Budgeting / finance	☐	Child Care	☐
Claiming benefits	☐	Cultural / faith needs	☐	Family & social contact	☐
Emotional wellbeing	☐	Mobility	☐	Maintaining tenancy	☐
Housing need	☐	Aids and adaptations	☐	Parenting skills	☐
Personal safety	☐	Substance misuse	☐	Practical home care	☐
Physical health & hygiene	☐	Training & employment	☐	Property safety & security	☐
Social & leisure	☐	Setting up and maintaining a home	☐		

Additional details of referral:
(please attach any relevant sections of the tenant's care plan)

Referring agency

Name:

Address:

Postcode:

Contact number(s):

Signed: Date:

For completion by HSO

Date received *Assessment date:*

Referral accepted / rejected? *Accepted* *Rejected*

Reasons: