

**PERTH & KINROSS COUNCIL – SUPPORTING PEOPLE**  
**HOUSING SUPPORT SERVICE REFERRAL FORM**

**1 Personal Details**

|  |        |
|--|--------|
| <b>Service User/Tenant Name:</b>                         |        |
| <b>SWIFT ID Number (if known)</b>                        |        |
| <b>Date of Birth:</b>                                    |        |
| <b>Address:</b>  |        |
| <b>Is this address where support is to be delivered?</b> | Yes/no |
| <b>Tel No:</b>   |        |
| <b>Client Group:</b>                                     |        |
| <b>Social Worker/Housing Officer/Advisor/Agent:</b>      |        |
| <b>Tel No:</b>   |        |

**2 Housing Support Services**

Please describe the service user's situation and the types of support that he or she needs:

**Estimated hours of support needed per week:**

**Support start date if known:**

**3 Health and Safety Issues**

Please describe any potential risks to the housing support worker

**4 Other Information/Comments**

**5 Has Service User been informed of this Referral?**

**Yes / No**

**6 Referrer Details**

|                           |  |
|---------------------------|--|
| <b>Form Completed By:</b> |  |
| <b>Post Title:</b>        |  |
| <b>Agency:</b>            |  |
| <b>Tel No:</b>            |  |
| <b>Email Address:</b>     |  |
| <b>Date:</b>              |  |

**Please e-mail or return completed form to:**

Perth & Kinross Council, Housing & Community Care, Supporting People Team, 5 Whitefriars Crescent, Perth PH2 OPA.

Tel no: 01738 476157/476176. Fax: 01738 476074

Email: [damacnaughton@pkc.gov.uk](mailto:damacnaughton@pkc.gov.uk) or [smcgoldrick@pkc.gov.uk](mailto:smcgoldrick@pkc.gov.uk)