



**3. CLIENT PROFILE**  
**(Please state all that apply)**

Substance Misuse		Domestic Abuse	
Mental Health Issues		History of Homeless / No Fixed Abode	
Anti - Social Behaviour		Offending Behaviour	
New to Own Tenancy		Older People (65 or older)	
Younger People (16 -25)		Learning Disabilities	
Physical Disabilities		Other (please state)	

**4. HEALTH AND SAFETY ISSUES**

Please describe any potential risks to the housing support worker

**5. REFERRAL AGENCY DETAILS**

Referrers Name:	
Post Title:	
Relationship to Client:	
Length of time Client has been known to you:	
Organisation Name & Address:	
Telephone Number:	
Email Address:	
Name of any other Agencies involved:	

**6. USE OF PERSONAL INFORMATION**

Please confirm that the client has been made aware of the following statement: YES/NO

The information provided by you will be used by Perth & Kinross Council to assess your eligibility for this service: **if you are eligible to receive the service** your personal information will also be stored within Perth & Kinross Council's database/s as appropriate and your information will be shared with our Floating Housing Support Providers.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

*For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933*

**Please e-mail completed referral form to: [HCCHousingSupport@pkc.gov.uk](mailto:HCCHousingSupport@pkc.gov.uk)**