

FLOATING HOUSING SUPPORT REFERRAL

(To be used with Floating Housing Support Referral Criteria June 2018)

1. PERSONAL DETAILS

Does the client live in, or have a local connection to Perth & Kinross? Yes/No		
Service User/Tenant Name:		
Date of Birth:		
AIS/SWIFT ID Number (if known):		
Gender:		
Address:		
(including postcode)		
Telephone Number:		
Can this number be called?	Yes / No	
Can messages be left?	Yes / No	
Can be written to at this address?	Yes / No	
Alternative address if more appropriate:		
Address:		

2. REASON FOR REFERRAL

Please state the following:
1: The immediate presenting tenancy need.
2. What the desired outcome is.
3. Why the client requires support to achieve this outcome.
4. Is this outcome likely to be met within a six to nine month period?

3. CLIENT PROFILE (Please state all that apply)

Substance Misuse	Domestic Abuse
Mental Health	History of Homeless
Issues	/ No Fixed Abode
Anti - Social	Offending Behaviour
Behaviour	
New to Own	Older People (65 or
Tenancy	older)
Younger People	Learning Disabilities
(16 -25)	
Physical Disabilities	Other (please state)
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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; email dataprotection@pkc.gov.uk or phone 01738 477933

Please e-mail completed referral form to:

HCCHousingSupport@pkc.gov.uk">https://example.com/html/>
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