Please tick which service you are referring to:

Families and vulnerable adults - L/DERRY / Limavady ☐

FAMILIES AND VULNERABLE ADULTS - Strabane/Omagh ☐

55+ OLDER PEOPLE SERVICE – L/DERRY/LIMAVADY/STRABANE ☐

#### PERSONAL DETAILS:

Name: Male ☐ Female☐ Identifies as:

Current address:

Postcode:

Nat Ins No:

Religion:

Marital Status:

D.O.B.

Mobile Number:

Email address:

#### HOUSING INFORMATION:

Details of Accommodation (i.e. Private rental, NIHE, Housing Association etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your current accommodation suitable to your needs? Yes/No. **If No, Please explain why?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING ISSUE REQUIRED TO BE ELIGIBLE FOR SUPPORT:**

|  |  |  |
| --- | --- | --- |
| Issue | Yes | No |
| Homeless |  |  |
| Pending homelessness –NTQ |  |  |
| Moved into a new home |  |  |
| Rent arrears |  |  |
| Unable to afford payments |  |  |
| Unable to sustain home |  |  |
| Hoarding |  |  |
| Other |  |  |

If other please state reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Points:

Areas of Choice:

**Details of others living in this address:**

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Relationship to applicant** |
|  |  |  |
|  |  |  |
|  |  |  |

#### Applicant’s Housing History (within one year)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | NIHE  Private  Hostel etc | Date From | Date To | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |

##### Details of all professionals involved with the individual

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Name** | **Address** | **Tel No** |
| GP |  |  |  |
| **Social Worker** |  |  |  |
| **Community Psychiatric**  **Nurse** |  |  |  |
| **Counsellor** |  |  |  |
| **Other** |  |  |  |

#### MEDICAL INFORMATION:

#### Please give details of any mental / physical health disabilities and/or medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### INCOME DETAILS:

#### Are you employed? 1 YES 1 NO

#### Are you in receipt of benefits? 1 YES 1 NO

#### If yes please state which benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DAILY ACTIVITY:

#### Please indicate daily activities-employment / education /interests

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### CULTURAL / LANGUAGE:

Does the applicant require support due to cultural / language issues?

1 YES 1 NO

If YES please state support required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### TYPE OF SUPPORT REQUIRED

Please indicate the type of support required by ticking all the relevant boxes:

(Some Required support will have to be signposted to other relevant Agencies or Community Groups)

#### Accommodation Issues:

#### Advice on housing rights and responsibilities ☐

* Sustaining Accommodation ☐
* Finding Alternative Accommodation ☐
* Follow up Support in New Home ☐
* Support to get adaptations / aids for home ☐

#### Staying Safe:

* Home Security – locks, personal callers ☐
* Home Safety – fire safety, safe use of domestic appliances ☐
* Reporting Repairs ☐
* Advice on home hygiene / cleaning ☐

#### Enjoying and Achieving:

* Independent shopping ☐
* Advocacy, emotional support, self-esteem& confidence building ☐
* Help with building family links ☐
* Encouraging Good Neighbour Relations ☐
* Encouraging involvement in Social Events or Friendship Networks ☐
* Making Contact with professional or community groups ☐
* Accessing Education/Employment / Training ☐
* Accessing volunteering ☐

#### Economic Wellbeing:

* Budgeting ☐
* Benefits check ☐
* Debt Management ☐

#### Being Healthy:

* Alcohol issues ☐
* Drug issues (including prescription drugs) ☐
* Other addictions (please give details) ☐
* Support to access Health / Medical facilities ☐
* Healthy eating – (meals on wheels etc) ☐
* Exercise (GP referral scheme etc) ☐

#### OFFENDING INFORMATION:

Do you have any previous convictions? 1 YES 1 NO

If so, have you ever been convicted of any of the following?

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| OFFENCES AGAINST CHILDREN OR YOUNGPERSON UNDER17YRS |  |  |
| OFFENCES OF A SEXUAL NATURE |  |  |
| OFFENCES OF VIOLENCE |  |  |
| OFFENCES OF THEFT |  |  |
| OTHER |  |  |

#### If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any pending court cases? 1 YES 1 NO

#### If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### RISK ASSESSMENT:

Does the person present as a risk to themselves or others1 YES 1NO

Please provide details of suicide attempts, self-harm, violence/aggression, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEXT OF KIN**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT CONSENT:**

Is the Client agreeable to this referral? Yes/No

Has applicant got Photographic Identification Yes/No

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL AGENCY DETAILS:**

Referral Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward completed referral form to:

Families and vulnerable adults - L/DERRY / Limavady

## Floating Support

## First Housing Aid & Support Services, 23 Bishop Street, BT48 6PR

TEL: 02871 266115

Email: [floatingsupportreferrals@first-housing.com](mailto:floatingsupportreferrals@first-housing.com)

FAMILIES AND VULNERABLE ADULTS - Strabane/Omagh

## Floating Support

## SATH, 22 Lisnafin Park, Strabane, BT82 9DQ

TEL: 07739876993

Email: [andrewbrowne@first-housing.com](mailto:andrewbrowne@first-housing.com)

55+ OLDER PEOPLE SERVICE – L/DERRY/LIMAVADY/STRABANE

## Floating Support

## First Housing Aid & Support Services, 23 Bishop Street, BT48 6PR

## TEL: 07725688194

Email: [anneblee@first-housing.com](mailto:anneblee@first-housing.com)

*How we manage your information*

**How do we use your information? We use your information in ways you would expect:**

* Manage the referral process and assess your suitability for a housing related support service
* Decide whether or not you are offered a service comply with statutory and/or regulatory requirements and obligations, e.g
* To deliver services as directed by statutory bodies such as Western Trust and Supporting people (funders), Public Health Agency.
* Ensure effective operational management and business administration
* Monitor equal opportunities
* Enable us to establish, exercise or defend possible legal claims

Please not that we may process your personal information without your consent, in compliance with these rules, where this is required or permitted by law.

**Who do we share your information with and where do we get information from?**

* Information may be shared internally within the company for the purpose of delivering support including with members of the Floating support department, managers in other projects which has the vacancy and IT staff if access to your personal information is necessary for the performance of their roles.
* External organisations for the purpose of accepting referrals conducting risk assessment needs assessment to determine suitability for this service.
* Professional advisors such as lawyers

We may also need to share your personal information with a regulator or to otherwise comply with the law.

**How do we protect your information?**

We have put in place measures to protect the security of your personal information. In addition, we limit access to your personal information to those employees, workers, agents, contractors and other third parties who have a business need to know in order to perform their job duties and responsibilities.

**How can I find out more?**

**Our full privacy notice contains more details about:**

* How we use your information
* The reasons for using your information
* Our retention periods
* Your rights, including how to get a copy of your information, how you can have it corrected or erased, how you can object to our use, and
* How to contact the compliance manager

You’ll find a full notice at

[www.first-housing.com](http://www.first-housing.com)or you can call Eileen Best. Director of operations at 02871266115

e-mail: [eileenbest@first-housing.com](mailto:eileenbest@first-housing.com)

**Do I have to do anything?**

No, this is just information: you don’t have to do anything