Tenancy Sustainment Referral Form

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| **Referrer Details** |  |
| Referred By (name) |  |
| Referrer Email & Contact Number |  |
| Referral Date |  |

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| --- | --- | --- | --- | --- |
| **Customer Details** |  | | | |
| Name |  | | National Insurance |  |
| Address |  | | Postcode |  |
| Telephone |  | | Mobile |  |
| Date of birth (include age) | **/ /** | **y/o** | Ethnicity |  |
| GP details |  | | Telephone |  |
| Type of Tenancy (please tick) | General Needs  Sheltered  Temp Accommodation  Extra Care | | | |
| Are there other household members? | Yes  No | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visiting – tick all that apply | | | | | |
| Two Person Visit Required |  | Dogs at Property |  | Smokers at Property |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vulnerabilities – tick all that apply | | | | | |
| History of Rent arrears |  | Care leaver/First tenancy |  | Drug / Alcohol Misuse |  |
| Mental Health |  | History of rough sleeping |  | History of ASB |  |
| Physical health |  | Ex-offender |  | Victim of Domestic Abuse/ASB including hate crime |  |
| Learning disability/difficulty |  |

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| --- | --- | --- | --- | --- | --- |
| Reason for Referral and what actions would you like the Tenancy Sustainment Team to assist with including Details of Other Internal Teams and External Agencies Currently Involved – Name, Contact Details | | | | | |
| **Details of Current Benefits** |  | | | | |
|  | | | | | |
| Victim/Perpetrator Support |  | Safeguarding |  | Hoarding / Property |  |
| Life skills/Daily living skills |  | Budgeting Support |  | Benefits support/Financial Health check |  |
| Moving home |  | Accessing Other Services |  | Other – please state above |  |

DO YOU HAVE CONSENT FROM THE CLIENT FOR THIS REFERRAL? Yes  / No

PLEASE EMAIL FORM TO [TenancySustainment@winchester.gov.uk](mailto:TenancySustainment@winchester.gov.uk)