

Calderdale SmartMove Referral Consent Form

Calderdale SmartMove is committed to providing a confidential service to the people we work with. However, there are times when we need to discuss your tenancy and support needs with other carers and services. Please can you give us your permission to contact other agencies and individuals, which you have been involved with in the past and at present.

I, _____, give Calderdale SmartMove permission to have access to information and share information with the following agencies.

Ensure that all referrals are aware that proof of identification is required at interview

Date of Birth: _____

| Agency | Please initial those agencies which you give permission to share information with |
|--|---|
| Current Housing Provider | |
| Other Housing Providers | |
| Housing Benefit / Council Tax | |
| Department for Work and Pensions (DWP) | |
| Utility Companies | |
| Debt Collection Agencies | |
| Medical (including psychiatric services) | |
| Social Services | |
| Child Benefit | |
| Probation / Police | |
| Permission for SmartMove to receive written copies of previous convictions | |
| Drug and Alcohol Services | |
| Counselling | |
| Inland Revenue | |
| Family and friends (only where relevant to your housing situation) | |
| Other (please specify) | |

Is there anyone you do not wish us to contact? No Yes
(e.g. a family member or a friend). If yes, please specify

I understand that in exceptional circumstances (e.g. Child Protection or Public Protection issues) Calderdale SmartMove may share information with other agencies or individuals without my consent

Signature of applicant: _____ **Date:** _____

Equal Opportunities

Calderdale SmartMove aims to ensure that no client or anyone associated with Calderdale SmartMove is discriminated against on any grounds. A full copy of our equal opportunities policy is available on request from our office.

| PERSONAL DETAILS | | |
|---|--|---|
| First name/s of applicant: | | Last Name: |
| Any previous names used: | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Access to children? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Do the children / child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contact address: | | |
| Postcode: | | |
| Contact telephone number: | | |
| Date of birth: | Age: | Ni No: |

| Which SmartMove services does applicant require? | |
|--|---|
| Tenancy Support Only <input type="checkbox"/> | Bond and Tenancy Support <input type="checkbox"/> |

| Ethnic Origin as defined by applicant: | | | | | | |
|--|-------------------------|--|---------------------------|--|-------------------------------------|------------------------|
| White | English | | Welsh | | Scottish | Irish |
| Other white background | | | | | | |
| Black | British | | African | | Caribbean | Other black background |
| Asian | Pakistani | | Bangladeshi | | British | Indian |
| Other Asian background | | | | | | |
| Mixed | White and Black African | | White and Black Caribbean | | White and Black British | White and Asian |
| Chinese | | | Did not want to answer | | Other (please specify below) | |

| |
|---|
| <p>Does applicant consider himself or herself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p> |
|---|

| INCOME – BENEFIT & EMPLOYMENT DETAILS |
|--|
| eg. JSA, IB, IS Inc Amount/ Employer, earnings & type of job) |
| Remember, if take home earnings from employment are over £180pw applicant may not be eligible for a |

| |
|---|
| HOUSING HISTORY |
| Current / Most Recent Landlord / Housing Association: |
| Contact details: |
| Tenancy end date: |
| Main reason for homelessness: |
| bond |

| SUPPORT NEEDS Does applicant require support with any of the following? | | | | | |
|--|--|----------------------|--|------------------------|--|
| Welfare Benefits | | Loneliness | | Furniture | |
| Debt / money advice | | Cooking | | Social Fund (e.g. CCG) | |
| Mental health | | Personal care advice | | Housing Benefit | |
| Drugs | | Housing Advice | | Local Information | |
| Alcohol | | Bills | | Income health check | |
| Life Skills | | GP | | | |
| Training / employment | | Setting up tenancy | | | |
| Other (please specify) | | | | | |

| |
|---|
| SUPPORT NEEDS CONTINUED |
| Does applicant have any agency workers (e.g. probation officer, substance misuse worker, CPN, social worker)? |
| Workers Name: |
| Contact No: |



| |
|--|
| Referral Risk Assessment |
| Please Note – we can not accept referrals unless this section is completed |
| Please indicate whether any of these factors have been observed, identified or reported |

| Risk Factor (please expand on any risks that are ticked yes) | Y | N | Risk Factor | Y | N |
|---|----------|----------|--|----------|----------|
| Criminal Record | | | Learning Disability | | |
| Aggression/Violence | | | Domestic Violence | | |
| Theft | | | Self – harm | | |
| Arson | | | Suicidal Tendencies | | |
| Abuse of professionals | | | Nuisance/ASB | | |
| Has the applicant ever been a sex worker? | | | Is there a current ASBO in place? | | |
| Conviction of or arrest for any Schedule 1 offence (sex offence) | | | Property Damage | | |
| Drug Issues | | | Debt/Budgeting problems | | |
| Alcohol Issues | | | Rent Arrears | | |
| Mental Health Issues | | | Vulnerable to abuse from others | | |
| Other (please specify) | | | Other (cont'd) | | |

Calderdale SmartMove Referral Form



ANY OTHER USEFUL INFORMATION

REFERRER DETAILS

Name :

Job Title:

Organisation:

Telephone No:

Fax. No:

Signature:

Date:

Please post to:

**Calderdale SmartMove,
15 Harrison Rd
Halifax
HX1 2AF
Tel. 01422 361515**

**Or attach as an e-mail to info@calderdalesmartmove.org.uk
with Subject: Referral form for (your name)**



Consent Form

Client's Name:

Date of Birth:

Address:

Authorisation to disclose information (permitted under the Data Protection Act 1989)

I give my consent for Calderdale SmartMove to contact any third party regarding my housing situation and other related matters such as housing benefit entitlement and council tax entitlement.

Signed

Date

