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| No. | A |
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**PLEASE COMPLETE ALL SECTIONS BEFORE SUBMISSION**

**A1 Client Details:**

**First Name:**..... **Family Name:**..... **Mr/Mrs/Ms/Other:**.....  
**Preferred Name:**..... **Date of Birth:**..... **Male/Female**  
**Address:**.....  
 ..... **Postcode:**.....  
**Contact No:**..... **Ethnic Group:**..... **Religion:**.....  
**National Insurance No:**..... **Client Swift No (if known):**.....  
**Is Client receiving Housing Benefit?** Yes/No/Unknown **Housing Benefit No:**.....  
**Family Unit make-up:**..... **Next of Kin:**.....

**A2 Client Group** (Please tick all that apply):

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| Learning Disability                      |  | Homeless Families with Support Needs |  |
| Physical/Sensory Disability              |  | Single Homeless with Support Needs   |  |
| Mental Health                            |  | Rough Sleeper                        |  |
| Mental Health – Section 117              |  | People at Risk of Domestic Violence  |  |
| Frail Elderly                            |  | Refugees/Asylum Seeker               |  |
| Older People with Mental Health Problems |  | Traveller                            |  |
| Older People with Support Needs          |  | Teenage Parent                       |  |
| Mentally Disordered Offenders            |  | Young People at Risk                 |  |
| Offenders or People at Risk of Offending |  | Young People Leaving Care            |  |
| People with Drug Problems                |  | People with HIV/AIDS                 |  |
| People with Alcohol Problems             |  | Complex Needs                        |  |

**Any special requirements e.g. Sensory impairment:**.....

**Which other support/care services currently in place?**.....

**A3 Housing Details:**

| Current Housing Circumstances<br>(Please tick all that apply) |  |
|---|--|
| Fleeing Domestic Violence                                     |  |
| Inadequate/Substandard Accommodation                          |  |
| Homeless/Temporary Accommodation                              |  |
| Notice to Quit Has Been Served                                |  |
| Rent Arrears  |  |
| Neighbour Disputes  |  |
| Other (Please state)  |  |

| Current Tenure                      |  |
|-------------------------------------|--|
| Owner Occupier                      |  |
| Private/Assured Short hold Tenancy  |  |
| Housing Association Tenancy/Licence |  |
| Lodging with Family or Friends      |  |
| Other (Please state)                |  |

**RESTRICTED – PERSONAL**



**Isle of Wight Supporting People  
Referral and Assessment**

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**B1 Housing Related Outcomes Sought:**

**PLEASE TICK THE OUTCOMES THAT THE CLIENT WISHES TO MEET**

|  |  |
|--|--|
| <b>Economic Wellbeing</b>  |  |
| Support in relation to welfare benefits  |  |
| Support in relation to managing finances   |  |
| Support in relation to managing any debt   |  |
| Support in relation to obtaining paid work   |  |
| Comments:  |  |
| <b>Enjoy and Achieve</b>   |  |
| Support in relation to participating in training and/or education  |  |
| Support in relation to leisure/cultural/faith/informal learning activities                                   |  |
| Support in relation to work-like activities  |  |
| Support in relation to contact with external services/groups   |  |
| Support in relation to contact with family and friends   |  |
| Comments:  |  |
| <b>Be Healthy</b>  |  |
| Support in relation to primary care health   |  |
| Support in relation to mental health services  |  |
| Support in relation to drug and/or alcohol treatment services  |  |
| Support in relation to managing independently with assistive technology/aids and adaptations                 |  |
| Support in relation to developing domestic life skills   |  |
| Comments:  |  |
| <b>Staying Safe</b>  |  |
| Support in relation to maintaining their accommodation and/or avoiding eviction                              |  |
| Support in relation to improving their compliance with statutory orders (such as ASBO) and related processes |  |
| Support in relation to safeguarding from harm to self  |  |
| Support in relation to safeguarding from harm to others  |  |
| Support in relation to safeguarding from harm from others  |  |
| Comments:  |  |
| <b>Making a Positive Contribution</b>  |  |
| Support in relation to having more involvement and control in life   |  |
| Support in relation to neighbourhood disputes  |  |
| Comments:  |  |



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| No. | C |
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**C1 Brief Social History and Presenting Problems:**

| C2 Risk Assessment:<br><i>(Please state risks, use guidance below and ensure total score is multiplied)</i>                                | Risk Score       |                    | Total Score<br>S x L |
|--|------------------|--------------------|----------------------|
|  | Severity<br>1- 4 | Likelihood<br>1- 4 |                      |
| <b>Are there any risks to the client?</b> <i>e.g. Self harm, medication</i>  |                  |                    |                      |
| <b>Are there risks to others?</b> <i>e.g. Violence or aggression</i>   |                  |                    |                      |
| <b>Is the client vulnerable to abuse from others?</b>  |                  |                    |                      |
| <b>Are there any risks from alcohol misuse?</b>  |                  |                    |                      |
| <b>Are there any risks from substance misuse?</b>  |                  |                    |                      |
| <b>Are there any risks from fire/arson?</b>  |                  |                    |                      |
| <b>Are there any risks from the client having a physical or sensory disability?</b>  |                  |                    |                      |
| <b>Are there any risks to staff?</b> <i>e.g. Family pet, other people in home, neighbourhood, poor phone signal, condition of property</i> |                  |                    |                      |

**Scoring Guidance**

| Factor      | Scale | Description                        | Severity Score | Impact         |
|-------------|-------|------------------------------------|----------------|----------------|
| Very Likely | 4     | 75% chance of occurrence           | 15-16          | Very high risk |
| Likely      | 3     | 40 %-74% chance of occurrence      | 12-14          | High risk      |
| Unlikely    | 2     | 10%- 39% chance of occurrence      | 7-11           | Medium risk    |
| Remote      | 1     | Less than 10% chance of occurrence | 1-6            | Low risk       |



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**D1 Provider Details:**

**Provider Name:** .....

**Service Name:** ..... **Support Required From:** .....

**Authorisation Name:** ..... **Signature:** .....

**D2 Declaration:**

I confirm that this client has been assessed and is eligible to receive housing related support.

**Referrer Name:** ..... **Referrer Signature:** ..... **Department:** .....

**Confidentiality:**

The Isle of Wight Council is the data Controller for the purposes of the Data Protection Act 1998 (“the Act”)

Supporting People and its staff have a legal duty, under the Act, to keep information about you secure and confidential.

Information that we ask you for will be used to provide you with the support you need, we also use this information to help plan for future services.

We share information with the Accredited Provider named above, IW Council Care Managers & staff that provide assistance, support or protection, Housing Benefit Department, our Island Health Partners, Probation Services and other relevant agencies, only if there is a genuine need for it. Anyone who receives information about you, from us, is under a legal duty to keep it secure and confidential and to respect your privacy. Whenever we can, we remove the information that identifies you as an individual.

**This form has been explained to me and I have provided the information regarding my circumstances in order that my Housing Related Support needs can be assessed.**

**I consent to the sharing of information with the above named for the purposes of providing support to me.**

**I agree that I would accept some Housing Related Support if it is offered to me.**

**Client Signature:** ..... **Date:** .....

**Client comments:** .....

.....

.....

White Copy: Provider    Blue Copy: Client    Yellow Copy: Referrer    Pink Copy: Supporting People Team