



Tenancy Support Referral Form

Tenant Name:.....

Tenant Address:.....

.....

Tenant Tel. No.: **Age:**

Details of any other household members (name, age, relationship):

.....

Tick as many as required

| Reason For Referral/ Main Support Needs | |
|--|--|
| Older Person with Support Needs | |
| Mental Health Problems | |
| Learning Disabilities | |
| Physical or Sensory Impairment | |
| Alcohol Misuse | |
| Drug Misuse | |
| Domestic Violence | |
| Single homeless | |
| Young person | |
| Homeless Family | |
| Other (please specify) | |

Has this referral been made with the agreement of the Tenant? **YES/ NO**
(If no a joint visit may be required)

Has the Tenant acknowledged their support needs? **YES/ NO**

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Are there any risk or other issues that would make a joint visit advisable?
When answering this question please consider any potential risks from other members of the Tenant's household, ie. partner, relative or friend. Information regarding previous associates of the tenant who may cause problems i.e. ex-partner or friend / family that they are trying to break away from should also be included.

YES/NO

(if YES please give details or attach risk assessment)

.....
.....

Any religious or cultural needs?

.....

Will an interpreter be required?

YES/ NO

Tenants first language is.....

Details of Reason for Referral and Support Needs

- Benefits & grants
- Budgeting & bills, debt management
- Resettlement
- Access to training
- Practical support with household
- Signposting to other services incl. social services, health & voluntary
- Developing social networks

(Continue on separate sheet or attach further information as necessary)

Details of any previous, current or other proposed support (including name and contact details of support provider)

| |
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| |
|--|

Signed: **Date:**

Name: **Position:**

Organisation: **Tel. No.**

Address:

Email:

Please also complete attached monitoring form.

Please return this form to: The Tenancy Support Officer, Solon SWHA,
1 Newfoundland Court, Newfoundland Street, Bristol BS2 9AP (Tel: 9244071)

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EQUAL OPPORTUNITY MONITORING FORM

1 Gender: Male Female

2 Age: 16 to 20
21 to 29
30 to 39
40 to 49
50 to 59
60 to 65

3 Race:

White - British Irish Other

Black Caribbean

Black African

Asian

Chinese

Mixed

Other ethnic group (specify)

4 Disability? Yes No

Type:

5 Sexuality:

Heterosexual

Lesbian

Gay