|  |  |
| --- | --- |
| cid:image001.png@01D4DFF5.7159F750 | **Torus**  **Tenancy Sustainment Complex Needs Team**  **Referral form** |
| * Tenancy Sustainment Complex Needs Team is a service available across Warrington and St Helen’s to offer support to residents across both boroughs, to assist them to maintain their tenancy with GGHT or Helena Partnerships * We will assess their needs to ensure we are the right support service for them. We will work in partnership with other agencies to deliver the relevant support that the tenant requires * We will complete a support plan tailored to their needs * Our aim is to provide tenants with the skills to maintain a tenancy successfully and live independently in the community   **Please note - We do not provide personal care, offer transport, cleaning, decorating or gardening services.** | |
| **Referral Process**  **Contact the team if you require a case discussion on 01744 418012/417903/417649**  **OR**  **Complete this form and email to** [**complexneedsteam@wearetorus.co.uk**](mailto:complexneedsteam@wearetorus.co.uk)  **The team will contact the tenant within 5 working days**  **Successful referrals will be allocated to a Tenancy Sustainment Officer**    **We will inform you/the tenant of the outcome of this referral and signpost to any other relevant service where possible if criteria isn’t met for our service** | |
| **Agency Information (if applicable)**  Where possible referrals should be made with your client present. When completing this form please make sure you have your clients informed consent and that they are aware of what our service can offer and that they confirm to fully engage with the service. | |

|  |  |
| --- | --- |
| Referrer name |  |
| Agency |  |
| Telephone number |  |
| Email address |  |
| What support is your service currently offering  If your service is planning to close the case in the near future please explain why  Are you aware of any other current agency involvement  **Eg Care Coordinator, Social Worker, CPN etc** |  |

**Tenant information and household details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Surname | Address | DOB | Relationship |
|  |  |  |  | Tenant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Tenant contact details and preferred method of contact**

|  |  |
| --- | --- |
| Contact details | Preferred method of contact |
|  |  |

|  |  |
| --- | --- |
| **Risk** | **Details** |
| Are there any risks regarding this person either to themselves, workers or the wider community? |  |
| Does the person have a mental health problem or receive medication for a health condition? |  |
| Does the person have any issues with drugs, alcohol or prescribed medication? |  |
| Has been physically or verbally aggressive? |  |
| Does this person have a criminal record or are you aware of them offending? |  |
| Are there any animals in the property? If so please list |  |
| Are there any other identified risks? |  |

**What would you like support with?**

|  |  |
| --- | --- |
| Support required | Please describe in detail |
| **Housing issues**  Anti-social behaviour, repairs, at risk of homelessness, breaching tenancy agreement, require supported housing, hoarding risks, under occupying the property |  |
| **Finances/Welfare assistance**  Welfare advice/support, budgeting, debt management, rent arrears, apply for grants/benefit cap advice |  |

|  |  |
| --- | --- |
| **Enjoy and achieve**  Digital support, Torus online, social networks, education/training/employment/New Leaf |  |
| **Health & wellbeing**  Reduce loneliness and isolation, substance misuse, physical, mental & emotional health, improving health & self-care |  |
| **Stay safe**  Security of the home, resettlement support, developing independent living & social skills, fire risk assessment, target hardening |  |
| **Make a positive contribution**  Engaging with the wider community, engaging with local services/Children’s Centres/Develop positive relationships/Increase self confidence |  |
| **Other support not mentioned above**  **(Please specify)** |  |

|  |  |
| --- | --- |
| **Household income** | **Please select and provide rates and amounts if known** |
| Universal Credit  **If yes please confirm:**  **Payment date, Assessment period, digital or live claim** |  |
| JSA, ESA or Income Support |  |
| Housing benefit |  |
| Carers allowance |  |
| State pension/Pension credit |  |
| PIP/DLA/Attendance Allowance |  |
| Child benefit |  |
| Child or Working tax credits |  |
| Paid work – full or part time |  |
| Any other income/benefits: |  |

**Client Group**

**Please tick one box that best describe your support needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Group** | ✓ |  | ✓ |
| Older people with support needs (over 60) |  | Offenders or at risk of offending |  |
| Older people mental health |  | Leaving prison |  |
| Frail elderly |  | Young people at risk |  |
| Mental health problems |  | Young people leaving care |  |
| Learning difficulties |  | At risk of domestic abuse |  |
| Physical or sensory disability |  | Refugees/asylum seekers |  |
| Single people at risk of tenancy failure |  | Teenage parents |  |
| Alcohol problems |  | Traveller families |  |
| Drug problems |  | Complex/multiple needs |  |
| Other (please specify) |  | Families at risk of a tenancy failure |  |

**Please tick as many boxes below that you feel you also fit into**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Group** | ✓ |  | ✓ |
| Older people with support needs (over 60) |  | Offenders or at risk of offending |  |
| Older people mental health |  | Leaving prison |  |
| Frail elderly |  | Young people at risk |  |
| Mental health problems |  | Young people leaving care |  |
| Learning disabilities |  | At risk of domestic violence |  |
| Physical or sensory disability |  | Refugees/asylum seekers |  |
| Single people at risk of tenancy failure |  | Teenage parents |  |
| Alcohol problems |  | Traveller |  |
| Drug problems |  | Complex/multiple needs |  |
| Other (please specify) |  | Families at risk of a tenancy failure |  |

**CONSENT STATEMENT**

|  |  |
| --- | --- |
| **Consent explained and obtained by:** |  |
| **Name:** |  |
| **Agency:** |  |

**I/we confirm that I/we have been informed about how the collected information will be used**

**I/we consent to information sharing for the purpose of providing support for me and my family (where applicable)**

**I/we consent to information sharing to assess whether services are working effectively for me and my family (where applicable) to improve services for the future. This includes sharing with the government to conduct research on the impact and outcomes of services paid for by public money** **including the Troubled Families Programme where criteria is met**

|  |  |  |
| --- | --- | --- |
| **Name (please print)** | **Signature** | **Date** |
|  |  |  |
|  |  |  |