

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

Calderdale SmartMove will process this information in line with the Calderdale SmartMove Data Protection Policy and Privacy Notice that can be viewed on our website.

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> <p>Accessible Information Standard:</p> <p>Does the applicant have any information / communication needs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What are these needs?</p> <p>How can we meet these needs?</p>

HOUSING HISTORY

Current / Most Recent Landlord / Housing Association:

Contact details:

Tenancy end date:

Main reason for homelessness:

Universal Credit Log-in Details if Applicable:

User name:

Password:

Security Questions / Number:

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 bond

SUPPORT NEEDS Does applicant require support with any of the following?					
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/ASBO		
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)		

ANY OTHER USEFUL INFORMATION

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REFERRER DETAILS

Name:	
Job Title:	
Organisation:	
Telephone No:	
Fax. No:	
Signature:	Date:

**Please post to: Calderdale SmartMove,
15 Harrison Road
Halifax,
HX1 2AF
Tel. 01422 361515
Calderdale SmartMove Referral Form**

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



I hereby give permission for Together Housing to discuss/disclose any matters relating to any previous tenancies I may have held, including rent account details and how the tenancy was managed with my support provider as listed below:-

Name	
Clients Current Address	
D.O.B	
Support Provider contact name & organisation	

Signature of Client	
Date	

Please return the completed form to:

Together Housing

Customer Service Centre, Bull Green House,
Bull Green, Halifax, HX1 2EB

Or email to PH2Kcsckeychoice@togetherhousing.co.uk

See overleaf for reply contents

***OFFICE USE ONLY:**

Name of Together Housing employee handling request:

Were we able to provide the information requested? **YES / NO**
(*delete as appropriate)

If YES, please provide a summary of the information disclosed and the date that it was sent to the respective Support Provider.