



Single Agency Assessment Housing Need Referral Form

Guidance Notes

This form should be used at the earliest opportunity to inform the appropriate District Housing Authority of a service user who needs to move and has housing related health/support needs. Please complete the form in conjunction with the service user. **You must ensure that the service user is either already on the relevant authority's housing register, or, has completed a housing register application form to be submitted with the Single Agency Assessment.**

Information given on this form will be treated as confidential and will only be used to assess housing need. Anonymised statistics are collated from all Single Agency Assessments and used to feed into strategic planning processes.

How to complete the form:

- **Box 3 Basis of Need:** Please tick as many boxes as are relevant to your client.
- **Box 4 Recommendation for level of housing need:** This is your recommendation for the urgency with which your client needs to be re-housed. As a guide:

High Priority - the client has a critical need to move. An example may be delayed discharge from an inpatient setting.

Medium Priority - the client has a substantial need to move. Examples may be an inability to access bathing facilities/cooking facilities (the most severe cases may be deemed high priority), or overcrowding which is affecting the client's mental health.

Low Priority - the client has a moderate need to move. An example might be someone who will need to move in the future such as a planned move on to more independent living from a supported environment. As the time for them to move gets closer the service user's priority might increase.

- **Box 5 Reason for Move:** You should specify why the current accommodation is unsuitable and how a move to alternative accommodation would be of benefit to your service user. Include any relevant information on family or personal issues.
- **Box 6 Accommodation Preferences:** Please identify which type of accommodation is felt to be most suitable for your service user.

Please indicate if your service user would benefit from a type of housing support listed - even if you are aware that it is not currently available. Doing so will NOT prejudice your service user's application but will provide valuable information for future housing planning.

NB/ Requests for Floating Support will be referred to the appropriate register on your behalf.

- **Box 7 Housing Needs:** Please answer all questions.
- **Box 8 Future Contact:** The housing department needs to know whether your agency will have an ongoing involvement with the service user, including timescales. This information will assist them in identifying the most suitable accommodation and in coordinating the management of the tenancy.
- **Box 9 Supporting Information:** If available, please attach a Care Plan, risk assessment, Occupational Therapist's assessment and/or any other supporting information.

How to return the form:

Please send your completed Single Agency Assessment, along with any supporting information, to the appropriate district housing authority (details overleaf). Receipt of your referral will be acknowledged.

Local Housing Authority Contact Details:

Ashford Borough Council:

Housing Options Team
Ashford Borough Council
Civic Centre
Tannery Lane
Ashford, TN23 1PL
Tel: 01233 330688
Fax: 01233 330425
e-mail housing@ashford.gov.uk

Dover District Council:

Housing Need Section
Dover District Council
White Cliffs Business Park
Dover, CT16 3PQ
Tel: 01304 872265
Fax: 01304 872316
e-mail: housing@dover.gov.uk

Canterbury City Council:

Housing Options Section
Canterbury City Council
Military Road
Canterbury, CT1 1YW
Tel: 01227 862142
Fax: 01227 453780

Shepway District Council:

Housing Needs Section
Shepway Housing Centre
3-5 Shorncliffe Road
Folkestone, CT20 2SQ
Tel: 01303 853700
Fax: 01303 853778
e-mail: housing.needs@shepway.gov.uk

Swale Borough Council:

Housing Register Team
Swale Borough Council
Swale House, East Street
Sittingbourne, ME10 3HT
Tel: 01795 417629
Fax: 01795 417141
e-mail: housingregister@swale.gov.uk

Thanet District Council:

Housing Options Team
Thanet District Council
PO Box 9
Margate, CT9 1XZ
Tel: 01843 577277
Fax: 01843 290906
e-mail: housing@thanet.gov.uk

Single Agency Assessment

Housing Need Referral Form

1. Applicant's details

Surname:

Date of Birth:

Forenames:

National Insurance No:

Address:

Type of Tenure:

Telephone No:

Details of Primary Carer (if applicable):

2. Referred by

Contact Name:

Relevant Team/Job Title:

Address:

Telephone No:

e-mail address:

Other agencies involved

Contact details

3. Basis of need (tick box)

Learning Disability
Mental Health Problems
Physical Disability
Ex-Offender/ risk of offending
Older Person
Domestic Violence
Hospital Discharge
Prison Discharge

Substance Misuse
Young Person
Young Person Leaving Care
Young Parent
Vulnerable Family
Other (*please describe*)

Please state any specific diagnosis:

Anticipated date of discharge from hospital setting (if applicable):

Anticipated date of release from prison (if applicable):

4. Recommendation for level of housing need (see guidance notes)

High Priority: (critical need) Medium Priority: (substantial need) Low Priority: (moderate need)

Please explain why:

8. **Future contact** (Please indicate what your agency's involvement with the service user will be once they are offered accommodation, including timescales):

9. **Supporting information attached:**

Care Plan Risk Assessment OT Assessment Other

If you have requested Floating Support, any supporting information provided will be shared with the Supporting People Team and the Floating Support Provider.

(Both referrer and client to sign)

Referrer's signature:

Date:

Referrer's e-mail:

Service User: I am willing to have the information supplied on this form (or the included supporting information) shown to others for the assessment of my housing and support needs.

Signature:

Date:

N.B. Please ensure that a Housing Register application form has either been submitted previously, or is attached with the SAA.