

# Healthy Homes Service



## Referral Form

Through the Healthy Homes Project, vulnerable, elderly, and disabled residents who need assistance with living independently, safely and securely can receive advice, information and support from a dedicated officer.

Healthy Homes Project officer will provide residents information and advice about accessing a range of services that are available.

### Privacy Notice

To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at <http://www.sandwell.gov.uk/privacynotices>

**Are you eligible for the service - please tick all that apply.**

<input type="checkbox"/>	You must be resident in Sandwell.
<input type="checkbox"/>	You should be aged 18 or over (there is no upper age limit).

### Referral

Please ensure **ALL** sections of this form are completed to prevent any delay in the processing of your referral.

REFERRAL DETAILS			
<b>Client Name</b>			
<b>Client Date of Birth</b>			
<b>Client Address</b>			
<b>Client Telephone number</b>			
<b>Client LAS number</b>			
<b>Client NHS Number</b>			
<b>Client Ethnicity</b>			
<b>Client Religion</b>		<b>Interpreter needed</b>	<b>Y/N</b>
<b>1<sup>st</sup> Language</b>			

**Referral Date:**

**Capacity:** Do you have capacity to make informed decisions about your own well-being?

Tick as appropriate: Yes  No  Don't know

**Do you want us to liaise with anyone else on your behalf?**

Tick as appropriate: Yes  No

If yes, please provide the person's contact name and telephone number below:

**Name:**

**Telephone number:**

**Relationship:**

**Are there any risks that we should be aware of?**

Tick as appropriate: Yes  No

If yes, please tell us more below:

Please tick yes or no to the statement that applies to you; **if none apply to you we will not be able to accept your referral.**

<b>CRITERIA</b>	<b>Yes</b>
1. I am a tenant of Sandwell council	
2. I am a private tenant	
3. I am a tenant in a social housing property (i.e. Housing association)	
4. I am an owner occupier	

If none of the above statements apply to you then we will not be able to consider you for the Healthy Homes Service.

If you have answered **YES** to any of the above statements, please continue to tell us a bit more about your situation.

**Please indicate any physical or mental health issues we may need to be aware of:**

Please tell us what outcome you want to achieve to maintain your own home and well-being: if we accept your referral for an assessment, we will discuss this in more detail at your face to face interview.

Outcome (Please tick all that apply)	Yes
1. Property in disrepair	
2. Issues with hoarding	
3. Condition of property	
4. Impact of property on health	
5. General wellbeing, aids and adaptations, benefits advice and assistance	

Please give us further information regarding your current circumstances and need for support:

**Authority to Act on Behalf of and request information:**

Finally, please confirm that you authorise the Healthy Homes service to contact and request information and to act on your behalf with agencies and authorities as necessary

Signed \_\_\_\_\_ Date \_\_\_\_\_

**In addition to the above, please complete below if you have completed this referral on behalf of the client:**

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Relationship \_\_\_\_\_

Profession \_\_\_\_\_

When complete please return to [Floating\\_Support@sandwell.gov.uk](mailto:Floating_Support@sandwell.gov.uk)