

Referral for Resident Support

Resident name:		Date of birth:	DD / MM / YYYY
Address: (including postcode)			
Contact number:			
Email address:			
Who lives at the property with you?			
Name:		Date of birth:	DD / MM / YYYY
Name:		Date of birth:	DD / MM / YYYY
Name:		Date of birth:	DD / MM / YYYY

SUPPORT SERVICES WE OFFER: *(Tick as many boxes as required)*

DIRECT SUPPORT					
Support to prevent the risk of Homelessness	<input type="checkbox"/>	Budgeting and Debt Management	<input type="checkbox"/>	Independent living skills (form filling and phone calls)	<input type="checkbox"/>
Maximising Income (claiming benefits)	<input type="checkbox"/>	Support setting up rent and utility payments	<input type="checkbox"/>	Applying for grants and funding	<input type="checkbox"/>
Address housing arrears	<input type="checkbox"/>	Registering with Health Services	<input type="checkbox"/>	Setting up a new home	<input type="checkbox"/>

REFERRAL SERVICE					
First Contact Plus (including accessing aids aids and adaptations)	<input type="checkbox"/>	BDC Domestic Abuse Services	<input type="checkbox"/>	BDC Childrens Workers	<input type="checkbox"/>
Referrals to Social Care for Children or Adults	<input type="checkbox"/>	Substance Misuse Services	<input type="checkbox"/>	Accessing other specialist services (Please specify in the 'reason for referral section of this form')	<input type="checkbox"/>
	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>		

GENERAL INFORMATION & SIGNPOSTING					
How to register for housing	<input type="checkbox"/>	Accessing social, leisure, religious and cultural activities	<input type="checkbox"/>	Employment, education, training and volunteering	<input type="checkbox"/>

REASON FOR THE REFERRAL: (include any health conditions they have)

WHAT OTHER AGENCIES ARE INVOLVED?

AGENCY NAME:	CONTACT NAME AT THE AGENCY	TELEPHONE NUMBER:

PLEASE SIGN TO SAY THAT YOU HAVE GAINED THE PERSONS PERMISSION FOR THIS REFERRAL

SIGNED:

DATE:

 / /

COMPLETED BY

NAME: (PLEASE PRINT)	
POSITION HELD:	
AGENCY:	
CONTACT NUMBER:	

Please send the completed form to residentsupport@blaby.gov.uk
or post to: **Resident Support Services, Blaby District Council,**
Desford Road, Narborough, Leicestershire, LE19 2EP.