

Sunderland City Council Support Gateway

Sunderland City Council Support Gateway is a single point of access to all Commissioned Supported Accommodation and Floating Support services.

Referrals to the Gateway will be made by statutory agencies, including:

- Health
- Probation
- Children's services
- Adult services
- Police
- Mental Health services
- Access to Housing team

The referral can be submitted by email to: sunderlandgateway@sunderland.gov.uk

For Data Protection we request that all completed Gateway forms sent via email are converted to PDF document. This will also prevent accidental deletion or alteration of information provided on this form.

Or completed forms can be sent to:

Access to Housing
Support Gateway
31-32 Fawcett Street
Sunderland
SR1 1RE

You can also contact the Gateway Team via the contact center on 01915205551

Please be aware that any referrals for a person under the age of 18 have to be made via the contact center to be assessed by Childrens Services.

Consent Form

I have discussed the referral form with the worker named on this form and I am willing to have the information I have disclosed shared with other professionals and agencies to enable a housing support service to be identified.

I understand that Sunderland City Council Support Gateway needs the information in this referral to match me with supported housing. By signing this form;

- I give my consent for Sunderland City Council Support Gateway to obtain any relevant information about me or anyone included in this application from appropriate agencies, which may include, but is not limited to, the Police, current or previous landlords, the Probation Services, Local Authorities, Support agencies, Doctors, Health professionals.
- I confirm the information I have given to complete this referral is truthful and accurate to the best of my knowledge and belief.
- I understand that it is my responsibility to notify the council of any changes in my circumstances and declare that the information I have provided is correct and true.

I am aware that if any information is found to have been willingly withheld or false information is provided it may impact on any offer of support or accommodation.

Referring Agency:

Contact No:

Completed by:

Street Link number if known:

Signed (applicant): _____ Date:

Signed (worker): _____ Date:

About You

| | | | |
|--|-----|--|--|
| Full Name | | Male [] Female [] | |
| Previous name or known as any other name | | Telephone number | |
| Date of Birth | Age | NI number | |
| Current Address (or previous address if currently NFA) | | | |
| Is an Interpreter required? Y [] N [] If yes what language? | | | |
| Is a BSL interpreter required? Y [] N [] | | | |
| Do you currently claim any Benefits? If Yes what do you claim? | | Last benefit payment date? | |
| Does anyone else live with you? Y [] N [] If yes please give names, relationship and date of birth. | | Are you Pregnant? [] If Yes what is your expect delivery date. | |
| Name of GP | | Are you an EX Forces Veteran? | |
| Do you require support with a place to live [] Support worker in your home [] or both? [] Why do you require this support? | | | |

Additional Contact Details

If accommodation is identified we may only be able to hold it for a limited period.

Please supply (if possible) the details for two people who will be able to get in touch with you.

| |
|------------------------------|
| 1 st Contact Name |
| Telephone Number |
| Address |
| Relationship to You |

| |
|------------------------------|
| 2 nd Contact Name |
| Telephone Number |
| Address |
| Relationship to You |

Current Situation

| | |
|--|--|
| Details of your current housing situation. | |
| Have you slept rough in the last Year Y [] N [] (If Yes please provide details) | Do you have any rent arrears Y [] N [] (If Yes give details) |
| Is assistance needed with debt advice? | Is assistance needed with Benefit advice and/or claim? |
| Are you excluded or ineligible from any housing services? Y [] N [] (If Yes please provide details) | |
| Do you currently live in Sunderland? Y [] N [] | Have you lived in Sunderland for 6 months out of the last 12 months [] Or 3 years out of the last 5 years [] |
| Do you have family living in Sunderland Y [] N [] If Yes please provide details. | |
| Do you have any current involvement with Children's or Adult services? If Yes please provide details. | |
| Do you have permanent employment or attend training or education within Sunderland Y [] N [] If Yes please provide details. | |

Mental Health

Do you have any mental health issues? Y [] N [] (if Yes what Mental Health issues do you have)

Do you have a CPN or any other professionals/organisations assisting you with your mental health issues?
(If Yes please provide details)

Please provide details of on-going support/assistance you receive for your mental health issues.

Please provide any additional information regarding your mental health diagnosis or support required to assist us in finding an appropriate service to meet your needs.

Learning Disability or Difficulties

Do you have a learning disability or difficulty Y [] N [] (if Yes what is your diagnosis)

Do you have any professionals or organisations assisting/supporting you?
(If Yes please provide details)

Please provide details of on-going support/assistance you receive and how often.

Please provide any additional information regarding your learning disability/difficulty or support required to assist us in finding an appropriate service to meet your needs.

Physical or Sensory Disabilities

Do you have or have you suffered from a physical or sensory disability Y [] N []
(if Yes what is your diagnosis)

Do you have any professionals or organisations assisting/supporting you?
(If Yes please provide details)

Please provide details of on-going support/assistance you receive and how often.

Please provide any additional information regarding your physical or sensory disability or support required to assist us in finding an appropriate service to meet your needs.

Substance Use

Do you have any current or historic drug/alcohol or other substance misuse issues? Y [] N []
(if Yes please provide details)

Do you have any professionals or organisations assisting/supporting you?
(If Yes please provide details)

Please provide details of on-going support/assistance you receive and how often.

Please provide any additional information regarding your substance use or support you required to assist us in finding an appropriate service to meet your needs.

Domestic Violence or Abuse

| Are you at immediate risk of harm? | Has a MARAC check list been completed? |
|--|---|
| <p>Have you experienced Domestic Violence or Abuse and require access to a specialist support service? (If Yes please provide details)</p> | |
| <p>Name, age, date of birth and address of perpetrator. If available</p> | |
| <p>Is there Police involvement? If Yes provide details.</p> | <p>Is there a Non-Molestation order, injunction or other court order in place? If yes provide details</p> |
| <p>Do you have protective measures in place? (Sanctuary, Police, Alarms etc.)</p> | <p>Is help with safety and planning required?</p> |
| <p>Please provide any additional information to assist us in finding an appropriate service to meet your needs.</p> | |

Criminal Offences

| | |
|--|--|
| Do you have current involvement with the Probation service or Youth Offending Service? If Yes please provide name and contact details of allocated worker. | |
| Do you have any previous convictions for Violence? Y [] N [] | Do you have any previous convictions for Arson Y [] N [] |
| Do you have any previous convictions for Sexual Offences? Y [] N [] | Are you currently tagged? Y [] N [] |
| Have you ever been convicted of any other criminal offence? Y [] N [] | Are you on police/court bail, on supervision, outstanding warrants, ASBO or any other behaviour contracts? |
| If you have answered Yes to any of the above questions please provide further information below | |
| | |

Under 25's

Please be aware that any referrals for a person under the age of 18 have to be made via the contact center (01915205551) to be assessed by Childrens Services.

| | |
|--|---|
| What is your current situation? Outline family history including relationships with family members. | |
| Have you ever been in care or involved with the leaving care team? Y [] N [] | Have you ever had your own tenancy? Y [] N [] |
| Are you currently supported by any organisations? If Yes please provide name, contact number and level of involvement. | |
| If you have children or are pregnant do you need support to increase your parenting skills? | Are there any skills you need to develop to manage a tenancy? |
| If you have answered Yes to any of the above questions please provide further information below | |

Risk Identification

Note. This is only a basic assessment to identify Risk. Providers will need to complete own Risk Assessment to further identify and manage risks

| Risk Area | Who is at Risk | Nature of Risk | Level Of Risk |
|-------------------|----------------|----------------|---------------|
| Mental Health | | | |
| Substance Misuse | | | |
| Offending | | | |
| Vulnerability | | | |
| Child Protection | | | |
| Domestic Violence | | | |
| Self-Harm | | | |
| other | | | |
| other | | | |
| other | | | |

Equality and Diversity

How would you describe your ethnic origin? (Please tick one)

White: British Irish other-Please specify: _____
Black or Black British: African Caribbean other-please specify: _____
Mixed: White & Black Caribbean White & Black African White & Asian
Other-Please specify: _____
Asian or Asian British: Indian Pakistani Bangladeshi
Other- Please specify: _____
Chinese or other ethnic origin: Chinese Gypsy/Romany/Irish Traveller
Prefer not to say other- Please specify: _____

What is the main language you use? (Please pick one)

Albanian Hindu Bengali Polish Cantonese Russian Chinese
 Urdu English Farsi
Other- Please specify: _____

What is your Faith? (Please tick one only)

Buddhism Sikhism Christian Hinduism Muslim
Judaism Humanism none prefer not to say
Other- Please specify: _____

How would you describe your Sexual orientation? (Please tick one)

Bisexual Gay Lesbian Heterosexual Prefer not to say

Do you have a disability that limits your daily activities or work you can do?

Yes No Prefer not to say

Type of disability or impairment:

Difficulty hearing Difficulty seeing difficulty getting around
Learning difficulty Mental health issue Unseen impairment (Diabetes, HIV, Cancer)