

Sunderland City Council **Support Gateway**

Sunderland City Council Support Gateway is a single point of access to all Supporting People funded services within Sunderland, including supported accommodation and floating support.

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

- Health
- Probation
- Children's Service
- Adult Services
- Police
- Access to Housing Team
- Mental Health Services

The referral can be submitted by email to the Gateway account at: sunderlandgateway@sunderland.gov.uk

Or posted to:

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

The signed consent form should be kept by the referring agency.

You can contact the Gateway team on the central number 0191 561 7988

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.

Signed (applicant): _____ Date: _____

Signed (worker): _____ Date: _____

A: About you

Full Name	fgyukguyikhuiikhujikhuhuil	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous Name or known as any other names		
Date of Birth (dd/mm/yyyy)	—	Age
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?	
Is a BSL interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address		
Telephone number: landline/mobile		
NI number		
Does anyone else live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give names, relationships, age and date of birth	
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expected delivery date	
What type of support are you applying for?	<input type="checkbox"/> Support with a place to live <input type="checkbox"/> A support worker in your own home <input type="checkbox"/> Both	
Why do you require this support?		
Name of GP		

Referring Agency: _____

Contact No: _____

Completed by: _____

B: Emergency contact details

If accommodation is identified we may only be able to hold it for a maximum of 24 hours.
Please, if possible, supply the details of two people who will be able to get in touch with you.

1st Contact Name	
Telephone Number	
Address	
Relationship to you	

2nd Contact Name	
Telephone Number	
Address	
Relationship to you	

C: Current situation

Details of your current housing situation	
Have you slept rough in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Do you have any rent arrears?	Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Former: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Is assistance needed for benefit advice and/or claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is assistance needed for debt advice and or issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you excluded or ineligible from any housing services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:

D: Mental health issues If N/A go to section E

Do you currently have a mental health issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of support required	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:
If you are currently supported please provide the name, and organisation contact details	
Will this support continue whilst receiving support from other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?

E: Learning disabilities and Learning difficulties If N/A go to section F

Do you have a learning disability or difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on any diagnosis:
Level of support required	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:
If you are currently supported please provide the name, and organisation contact details	
Will this support continue whilst receiving support from other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?

F: Physical and Sensory Disabilities If N/A go to section G

Do you have or have you suffered from a physical or sensory disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on any diagnosis:
Level of support required	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:
Do you require disabled access or any aids or adaptations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of need and how it effects your daily life:
If you are currently supported please provide the name, and organisation contact details	
Will this support continue whilst receiving support from other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?

G: Substance use If N/A go to section H

Do you have drug or alcohol or other substance misuse issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on any diagnosis:
Level of support required	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:
If you are currently supported please provide the name, and organisation contact details	
Will this support continue whilst receiving support from other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?

H: Domestic Violence or Abuse If N/A go to section I

<p>Have you experienced domestic violence or abuse and require access to a specialist support service?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>Are you at immediate risk of harm?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Level of support required</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:</p>
<p>Is there a non-molestation order, an injunction or other court order in place?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any protective measures, i.e. Sanctuary, Police, Alarms etc?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>Do you have police involvement?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>Name, age, date of birth and address of perpetrator, if available</p>	
<p>Is help with safety planning and security required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you are currently supported please provide the name, and organisation contact details</p>	
<p>Will this support continue whilst receiving support from other organisations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?</p>

<p>What is your current living situation, outline family history including relationships with family and significant others?</p>	
<p>Level of support required</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Please provide details of need and how it effects your daily life:</p>
<p>Have you ever been in care, or are you involved with the leaving care team?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>Have you ever had your own tenancy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including the date that the tenancy commenced, tenure of property, tenancy end date and the reason why the tenancy ended:</p>
<p>Are there any skills you need to develop to sustain a tenancy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
<p>If you have children that live with you or are currently pregnant, do you need support to increase your parenting skills?</p>	
<p>If you are currently supported please provide the name, and organisation contact details</p>	
<p>Will this support continue whilst receiving support from other organisations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often will this support be received?</p>

J: Criminal Offences

Do you have current involvement with the Probation Service or the Youth Offending Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name and contact details of the allocated worker:
Do you have any previous convictions for violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Do you have any previous convictions for arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Do you have any previous convictions for sexual offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Are you currently tagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details such as curfew, tag duration:
Are you awaiting trial on police or court bail, on supervision, have outstanding warrants, an ASBO or other behaviour contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Have you ever been convicted of any other criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

K: Education, training and employment

Are you currently in education?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Are you currently attending any training courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Are you currently in employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details such as company name, hours worked, contract type i.e. temporary, casual:

L. Risk Assessment

Do you feel there are any potential risks to or from other customers, general public or staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details including verbal aggression or hostile behaviour:
Are there any measures in place which would reduce or minimise this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

M: Local Connection

Do you currently live in Sunderland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in Sunderland for either 6 months out of the last 12 months or 3 years out of the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have family living in Sunderland?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Do you have a permanent job or attend a training organisation within Sunderland?	<input type="checkbox"/> Yes <input type="checkbox"/> No

N: Any other comments

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Equality and Diversity information

Sunderland City Council will usually contact its customers by telephone or letter.

If you would like to be contacted in another way please let us know.

(Please tick one)

Audio tape Large print Braille Minicom CD SMS text

Easy Read Other Email Home visit

Other - Please specify: _____

What is the main language you use?

(Please tick only one)

Albanian Hindi Bengali Polish Cantonese Russian

Chinese Urdu English Farsi

Other - Please specify: _____

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

(Please tick any that apply)

Yes No Prefer not to say

Type of disability or impairment:

Difficulty hearing Difficulty seeing Difficulty getting around

Learning difficulty Mental health issues Unseen impairment (Diabetes, HIV, Cancer)

Other - Please specify: _____

What is your faith?

(Please tick only one)

Buddhism Sikhism Christian None Hinduism Prefer not to say

Humanism Judaism Muslim

Other - Please specify: _____

How would you define your sexual orientation?

(Please tick only one)

Bisexual person Gay man Gay women/ Lesbian

Heterosexual/Straight Prefer not to say

How would you describe your ethnic origin?

(Please tick only one)

White:

British Irish

Other - Please specify: _____

Black or Black British:

Caribbean African

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 group:

Chinese Gypsy/Romany/Irish Traveller Prefer not to say

Other - Please specify: _____

This information can be made available in large print, Braille, audio and other languages. Please contact Communications on 0191 520 5555 or email communications@sunderland.gov.uk for help.

All information correct at time of going to press.
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