



Referral to Tenancy Support Officer

TENANCY SUPPORT SERVICE REFERRAL FORM

Details of Referrer

Name		Date	
Organisation		Job Title	
Telephone		Email	

Please complete as much of the form as possible with as much information as you have including relevant reports and risk assessments

Referral (Service User) Details

First Name	
Surname	
Date of Birth	
Address:	
Tenancy Start Date	
Contact Tel/Email address	
National Insurance No:	

Household Details

Partner's Full Name and D.o.B:	
Names and Ages of Children / Others:	

Other agencies/ workers involved e.g. GP, Social Workers, Family, Friends, Carers, Police, Probation

Name	Job Title/Relationship	Agency (if appropriate)	Tel no or address

Brief History of Tenancy, including any problems and any ongoing legal action

Reason for Referral, including expectation of TSO involvement

Financial Details (specifically useful in rent arrears cases)

Total Rent Arrears	
Full weekly rent/service charge	
Weekly Housing Benefit (incl. HB claim ref)	
Amount payable by Tenant	
Legal Action Stage	

Vulnerability (Please tick most relevant box)

Mental Health		Physical Health	
Older Person		Young Person	
Ex-offender		Learning Disability	
Complex needs		Alcohol problems	
Drug problems		Other Vulnerability	

Language Issues

Interpreter Required YES / NO	
Primary Language (Please state):	
Can read / write English YES / NO	
Other communication needs or information that will assist in this referral	

Risk

Is this person a risk to themselves or others? (e.g. history of violence, self harm, exploitation)	
Any Health & Safety risks regarding this property?	
First visit in office at home?	
Needs visit by male/female officer?	
Visit to be done by 2 officers?	

Consent – you must normally have a person’s consent to share this information under the Data Protection Act

Has the person consented to referral YES/NO If the person has not consented to please give reason:
Do you consider this to be an emergency referral? Please give reasons:

Signature of Officer/Person making referral (can be typed in if referral form being emailed)

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Equality & Fair Access Monitoring Details

How would you best describe the race or ethnic group of you/service user? (please tick box)

Asian or Asian British – African Indian		White - British	
Asian or Asian British – Indian		White - Irish	
Asian or Asian British – Pakistani		White - Other European	
Asian or Asian British – Bangladeshi		Any other White background	
Any other Asian background		Moroccan Arab	
Black or Black British – Caribbean		Other Arab Background	
Black or Black British – Somalian		Chinese	
Black or Black British – African		Filipino	
Any other Black Background		Any other Background	
Mixed - White & Black Caribbean			
Mixed - White & Black African			
Mixed - White & Asian			
Any other Mixed Background			

Are you/service user;

Male		Female	
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Your/service user's age is;

16-24		25-40	
41-64		65+	

Do you consider yourself/service user to have a disability

Yes		No	
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If yes, what is the nature of your disability?

Mobility		Visual Impairment	
Hearing Difficulty		Learning Disability	
Mental Health Problem		Other	

Please email the completed form to HASP@rbkc.gov.uk

If you do not have access to email, please send the form to:-

Post: Housing Needs Dept., Room G.29, The Town Hall, Hornton Street, London W8 7NX

Fax: 020 7361 3473

However, please note that email is preferred if possible.