

RS-1

Sandwell Homes Limited



Request for Supported Housing Service
Warden Service and / or Community Alarm Service

Applicant Referral Details:

Name _____

D.O.B _____

Address _____

Postcode _____

Telephone Number _____

Has the applicant agreed to the referral?

Yes No

Is the applicant interested in Warden Service?

Yes No

Is the applicant interested in Community Alarm Service?

Yes No

Is the applicant interested in both services?

Yes No

Tenure: Private Council Housing Association
(Circle where applicable)

Date of referral _____

Referred by _____

Profession / Organisation _____

Contact telephone number _____

WHY DO THEY NEED A SUPPORT SERVICE?

This part of the referral will help us to identify things that the applicant may need assistance with. It will also help us to provide the applicant with appropriate assistance to help them stay independent and look after their health (subject to needs assessment criteria being met).

This service can assist in co-ordinating these services and linking in with new ones.

Why do you feel that this service would be beneficial to the applicant?

Health / Medical factors:

Are there any health or medical factors to support the applicants' referral?

Signed _____ Date _____

Email: community_care@sandwellhomes.org.uk

Ethnic Origin			
Please complete the details below to ensure that applicants receive equal opportunities regardless of race, colour or ethnic origin.			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Do you feel disabled <input type="checkbox"/>			
Ethnic Origin: ✓ where applicable		Religion (please state)	
White	British	Irish	Any other White background (please write in)
Mixed	White and Black Caribbean White and Asian		White and Black African Any other background (please write in)
Asian or Asian British	Indian	Sikh	Pakistani Bangladeshi Any other background (please write in)
Black or Black British	Caribbean	African	Any other background (please write in)
Other ethnic groups	Chinese	Yemeni	
Any other background (please write in)			

Please return completed form to: Sandwell Homes Warden Service
Flat 1, Greenford House
Maria Street
West Bromwich
West Midlands
B70 6DX

Alternatively fax to: 0121 525 5928

Contact: louise_butler@sandwellhomes.org.uk

Office use only:
Name & date of officer referral passed to:
Date contact made with applicant:
Date agreed to complete Needs Assessment:
Outcome/suitable for service(s): WS CAS WCAS N/A (Circle where applicable)