

## TENANCY SUPPORT SERVICES SELF – REFERRAL FORM

	Tenant's Name	Partner ( if applicable )
Title (Mr, Mrs, Ms, Miss, Other)		
First Name(s)		
Surname		
Date of Birth		
Address & Post Code		
Telephone Number	Landline: Mobile:	

<b>Which of the following applies to you? (please tick all that apply)</b>			
Suffering from domestic abuse / violent relationship	<input type="checkbox"/>	Person with learning difficulties	<input type="checkbox"/>
Person with mental health issues	<input type="checkbox"/>	Older person	<input type="checkbox"/>
Person with drug dependency issues	<input type="checkbox"/>	Refugee with support needs	<input type="checkbox"/>
Person with alcohol dependency issues	<input type="checkbox"/>	Young single homeless person who requires support or young person leaving care	<input type="checkbox"/>
Ex-offender / criminal justice	<input type="checkbox"/>	Homeless or threatened with becoming homeless	<input type="checkbox"/>
Person with a chronic illness	<input type="checkbox"/>	Vulnerable single parent who requires support	<input type="checkbox"/>
Person with a physical disability	<input type="checkbox"/>	Person with a sensory Impairment	<input type="checkbox"/>

<b>Support Requirements (please tick all that apply)</b>			
Life skills / maintaining a tenancy	<input type="checkbox"/>	Setting up a new home	<input type="checkbox"/>
Tenancy issues (neighbours,	<input type="checkbox"/>	Budgeting / debt etc.	<input type="checkbox"/>

rent arrears)			
Advice / assistance to claim Welfare benefits		Education / employment	
Completing forms / dealing with correspondence		Support networks (relationships)	
Children / parenting skills		Accessing appropriate services	
Health issues		Others – please specify	
<p>Is there anything else you like to achieve through support from our service or any other additional information you would like to provide?</p>			

**Information contained within this self-referral form is strictly confidential**

**Client/s' signature:**

**Date:**

**Please return this form to:  
 Tenancy Support Service  
 Soha housing  
 Royal Scot House  
 99 Station Road  
 Didcot  
 Oxon OX11 7NN**