

Health and Housing Referral Form

for Housing Health and Safety Assessment/Intervention

This form is for use by internal and external partners of the Health and Housing Project to report concerns regarding a service user's home environment. Please complete as appropriate.

This referral is to promote improvements to a person's existing housing conditions where they may be adversely affecting their health or safety. Please note that it is not for rehousing issues.

Property address:			
Town:		Postcode:	

Consent for information sharing

Colchester Borough Council takes the management of personal data seriously and it does this in compliance with data protection laws. The information you supply will only be used for the purpose of housing health and safety assessment and intervention. We will never share personally identifiable information with third parties for promotional purposes, however, in order to deliver a service to you we may need to share your information with further support groups and organisations for example, social services, Community 360, Age Concern and Social Services etc. We will keep your personal information while you have an active referral and for 5 years after it has been closed. After this time, your personal information will be deleted from our system. For further information about how your data is used and stored, please go to www.colchester.gov.uk/privacy.

Please provide contact details for access

Name of service user:		Telephone:	
		e-mail:	
Contact for access (if different)		Telephone:	
		e-mail:	
Access Notes:			

RISK FACTORS: Please tick the box if a defect is identified or reported.

<p>Inability to Keep the Home Warm and Free of Mould</p>	<input type="checkbox"/>
<p>Is there a central heating system or electric night storage heater in living rooms and bedrooms? Is the house cold and the occupier confirms they have difficulty keeping warm or affording their fuel bills? Is there substantial mould growth affecting living rooms and bedrooms?</p>	

Risks associated with Electricity, Gas and other fuels including Fire risk	<input type="checkbox"/>
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Has the occupier expressed concern, include any concerns about lack of fire or carbon monoxide detection?

Risk of Falls	<input type="checkbox"/>
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Are the stairs dangerous? Are there trip hazards, are external steps and paths uneven or slippery, lacking handrails or poorly lit? Are the windows safe? Are there any unprotected drops within the home?

Inability to Keep the Home and/or Occupiers Clean	<input type="checkbox"/>
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Is the fabric of the home preventing it being cleaned? Are there proper bathroom facilities? Does the property have an adequate supply of hot water?

Inability to Keep the Home Secure	<input type="checkbox"/>
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Is the occupier concerned about the security of their home and worried about intruders?

Other Concerns regarding the Home Environment – please indicate below (if any)

For example: overcrowding or evidence of hoarding

Please provide your contact details (ESSENTIAL INFORMATION)	
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Name:	
Role:	
Organisation/Team:	
Telephone:	
Email:	
Date:	

When completed please email this form to healthandhousing@colchester.gov.uk

Alternatively, you can send it to Secure.NaomiOzieli@colchester.gcsx.gov.uk. This is a secure GCSX email address.

Both e-mail address's are accessed only by the Health and Housing Project Officer and the Private Sector Housing Manager.