**Screening tool for Housing First Support**

**This tool is a guide to be used by referrers to give a better understanding if a referral would be appropriate to our service.**

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| **Do you currently have a safe and secure tenancy?** ***If yes, please make contact for a further discussion before referral is made.***  | ❏ Yes    ❏ No  |
| **Are you willing to engage with a Housing First service?**  | ❏ Yes    ❏ No  |

Do one or more of these apply?

1. Are you currently experiencing homelessness or threatened with homelessness?
2. Have you had experience of substance use?
3. Have you had experience with community justice services?
4. Do you have physical health issues?
5. Do you have mental health issues?
6. Do you have any additional support needs?
7. Have you experienced domestic abuse?
8. Are you a young person?

If you are still unsure if a referral should be made, please get in touch for a further discussion, via 01382 250640/250205 or email cmclaren@transformcd.org