

## HOOP: HOUSING OPTIONS FOR OLDER PEOPLE REFERRAL FORM

Person(s) being referred			
<b>Main Applicant:</b>	<b>Title:</b>	<b>First Name(s):</b>	<b>D.O.B.</b>
		<b>Last Name:</b>	
<b>Secondary Applicant:</b>	<b>Title:</b>	<b>First Name(s):</b>	<b>D.O.B.</b>
		<b>Last Name:</b>	
Main Applicant Details			
<b>Address:</b>	<b>House Number/Street:</b>		
	<b>Town:</b>		
	<b>County:</b>	<b>Postcode:</b>	
	<b>Property tenure:</b>	<b>Property type:</b>	
<b>Lives alone:</b>		<b>Start date of tenancy:</b>	
<b>Telephone:</b>		<b>Rehousing Application Number:</b>	
<b>Mobile:</b>		<b>NI Number:</b>	
<b>Email:</b>			
Reason(s) for referral			
<input type="checkbox"/> Rehousing <input type="checkbox"/> Health/Wellbeing <input type="checkbox"/> Financial <input type="checkbox"/> Social Isolation <input type="checkbox"/> Mobility <input type="checkbox"/> Aids/Adaptations			
Any known risks			
<input type="checkbox"/> Drug/Alcohol abuse <input type="checkbox"/> Dog <input type="checkbox"/> Do not visit alone <input type="checkbox"/> Mental health			
<input type="checkbox"/> Language difficulties <input type="checkbox"/> Bedridden <input type="checkbox"/> Inappropriate behaviours <input type="checkbox"/> Aggressive behaviours			

Referrer details			
<b>Contact Name:</b>		<b>Job title:</b>	
<b>Organisation:</b>		<b>Team:</b>	
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Email:</b>		<b>Referral date:</b>	
Next of kin details			
<b>Name:</b>	<b>Title:</b> <b>First name(s):</b> <b>Last Name:</b>		
<b>Relationship:</b>		<b>Telephone no:</b>	
<b>Address:</b>	<b>Street/Road:</b> <b>Town:</b> <b>County:</b> <b>Postcode:</b>		
Contact details (carers):			
<b>Home Care Agency:</b>		<b>Telephone:</b>	
<b>Days</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Seven days a week <input type="checkbox"/>	<b>Visiting Times:</b>
GP details			
<b>Name of GP:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>Address:</b>	<b>Street/Road:</b> <b>Town:</b> <b>County:</b> <b>Postcode:</b>		

<b>Social Worker</b>			
<b>Name:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>OT</b>			
<b>Name:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>Support Planner</b>			
<b>Name:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>Other agencies/support (please state)</b>			
<b>#1 Name:</b>			
<b>Type:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>#2 Name:</b>			
<b>Type:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>#3 Name:</b>			
<b>Type:</b>		<b>Telephone:</b>	
<b>Email:</b>			
<b>Services</b>			
<b>Do you have RBH response?</b>		<b>Do you have careline?</b>	
<b>Medical information</b>			
<b>Dementia:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parkinson's:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Angina:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>History of Stroke:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>History of Heart Problems:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pace Maker fitted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Asthma:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Epilepsy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>COPD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Deaf:</b>		
<b>Blind:</b>	<b>Wheelchair user:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Diabetes:</b>	<b>Prone to falls?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Additional information:**

**All referrals should be emailed to: [hoop@rbh.org.uk](mailto:hoop@rbh.org.uk)**

# HOOP: HOUSING OPTIONS FOR OLDER PEOPLE

## PRIVACY NOTICE

The purpose RBH is collecting and processing your personal information is to help us assess suitable housing options for you, this includes assistance with completing rehousing application forms, and referrals to RBC Adult care for aids, adaptations or advice.

The legal basis for us to process your personal information is explicit consent. You can withdraw your consent at any time by contacting a Hoop advisor on **01706 274277/01706 274251**, by emailing **hoop@rbh.org.uk**, or by writing to RBH Hoop advisor, Homechoice team, Sandbrook House, Sandbrook Way, Rochdale, OL11 1RY.

All processing of your personal information will remain within the UK. Your information will be kept on our records 6 years from the date of you withdrawing consent or 6 years from the end of your requirement of the Hoop service.

As part of our process we may share information with & receive information from, RBC Adult care, HMR Circle & Creative Support. This information will include: name, address, contact details, next of kin, medical details, GP details & names of support agencies you utilise.

You have a number of rights which we have to respect. One of these is the right to see all your personal information that RBH processes. For more information on your rights and for further information on how RBH protects your personal information please see the RBH Privacy statement at **www.rbh.org.uk**.

If you are unhappy with how RBH processes personal information you may complain to the UK's regulator, the information Commissioner's Office (ICO) at **<https://ico.org.uk/concerns/>**

RBH employs a Data Protection Officer (DPO) to ensure that RBH protects your rights when processing your personal information. The DPO can be contacted in the following ways:

**Email** DPO@rbh.org.uk

**Telephone** 0800 027 7769 (ask to speak with the DPO)

**By letter** DPO, RBH, Sandbrook House, Sandbrook Way, Rochdale, OL11 1RY

Do you give your consent to proceed?      Yes      No

Signed:

Date: