

Application for Accommodation and Support Services

Personal Details

Surname:	
Forenames:	
DOB:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
NI No.:	
Current Address:	
Postcode:	
Contact Telephone Number:	
Email Address:	
Next of Kin:	

Are you aged 16 or 17? No Yes

If Yes have you had an Initial Assessment conducted by Social Services? No Yes

Name of Social Worker who conducted at the assessment.

Contact number

Accommodation

Previous accommodation:

Address	From	To	Reason for leaving

Why do you need accommodation?

--

When will the accommodation be needed?

--

Service Required?

Supported Housing Floating Support
Emergency Accommodation 24 Hr Supported
Self Contained Shared

Are you registered with Local Council?

No Yes

Which Council are you registered with?

--

Medical Details

GP Details

Name of GP:	
Address:	
Contact Telephone Number:	

Do you have any diagnosed medical, including physical disability, or mental ill health conditions?

No Yes

If Yes please give details:

Are you currently taking any medication?

No Yes

If Yes please give details:

Dentist Details

Name of Dentist:	
Address:	
Contact Telephone Number:	

Opticians Details

Name of Optician:	
Address:	
Contact Telephone Number:	

Income Details

Please tick which types of income you receive:

Income Maintenance (LC)	<input type="checkbox"/>
Income Support (IS)	<input type="checkbox"/>
Job Seekers allowance (JSA)	<input type="checkbox"/>
Employment Support Allowance (ESA)	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>
DLA	<input type="checkbox"/>
Education Maintenance Allowance (EMA)	<input type="checkbox"/>
In full time employment	<input type="checkbox"/>
In part time employment	<input type="checkbox"/>
Not in receipt of income/benefits	<input type="checkbox"/>

If not in receipt of benefits have you applied? No Yes

If Yes – Which benefit?	
Date Applied:	
Weekly Income:	

Agency Involvement

Are there any agencies involved with you? (Please tick)

No Yes

Is a Professionals meeting required?

No Yes Don't know

Probation	<input type="checkbox"/>	Youth Offending	<input type="checkbox"/>
Childrens Services	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	Leaving Care Team	<input type="checkbox"/>
Addaction	<input type="checkbox"/>	Other	<input type="checkbox"/>

Name of Service:	
Name of Worker:	
Address:	
Contact Telephone Number:	
Details:	
Date of next meeting	

Name of Service:	
Name of Worker:	
Address:	
Contact Telephone Number:	
Details:	
Date of next meeting	

Please use extra sheet if required

Support Needs

Would you like help with any of the following (Please tick)?

	Yes	No	Don't know
Reading and Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiming benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renting accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing reoffending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti Social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like help with?

History

Have you experienced any problems in the following areas (Please tick)?

Mental Health Problems	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>
Violence	<input type="checkbox"/>	Crime Related Issues	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	Long Term Illnesses	<input type="checkbox"/>
Alcohol Abuse	<input type="checkbox"/>	Disabilities	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please give details:

Are you under supervision of the following (Please tick)?

Probation	<input type="checkbox"/>	Youth Offender Order	<input type="checkbox"/>
Licence	<input type="checkbox"/>	Suspended Sentence	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	Drug Intervention Programme	<input type="checkbox"/>
Anti-Social Behaviour Order	<input type="checkbox"/>	Care Programme Approach (Mental Health Services)	<input type="checkbox"/>
Care Order (Social Services)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Date your order expires:			

If you are currently in custody / in care:

What is your expected release date / end of service?	
If you are being released from custody, what type of supervision will you have on release?	

Are you awaiting a court hearing/outstanding Charges? No Yes

Please give details:

Do you have any convictions?

No Yes

Please list all convictions	Date	Sentence
1		
2		
3		

Please use an extra sheet if necessary.

Are the convictions for any of the following? No Yes

Arson Sex Offences Violence
Offences against children or vulnerable adults

Please give details:

Hobbies / Interests

Please detail any hobbies or interests you may have:

Risk Assessment

Areas of Risk Presented by Applicant:

	High	Medium	Low
To themselves			
To others			
From others			

Please give details of risk including any available copies of recent risk assessments completed by agencies involved with applicant.

Declarations

To be signed by the applicant:

We may need to contact other agencies for information so we can process your application. This could include other housing providers, the probation service or the social services' department. The applicant agrees to this by signing the statements here:

- 1 I (the applicant) hereby give my authority for any relevant agency to disclose information for the purpose of dealing with my application for housing. I understand that this information is to be used solely in relation to my application and will not be disclosed to any other persons without my permission.
- 2 The details I have given in this application are true and correct. I understand that if I have knowingly or recklessly given any false information about my application, I may lose any subsequent support I receive.

Signed:

Print Name:

Date:

To be signed on behalf of the referring agency (if applicable):

By signing this form you are declaring that all the information you have provided on it is accurate to the best of your knowledge. If inaccurate or incomplete information is provided it may result in your client losing any subsequent accommodation. This application form will be kept on the service user's file, to which the service user will have access. Any information you wish to be kept confidential must be recorded as "**confidential third party information only**".

If form is sent electronically tick box

Signed:

Print Name:

Agency:

Date:

Data Protection Act 1998

Under the Data protection Act 1998, we have a legal duty to protect any personal information we collect from you.

- We will only use personal information you supply to us for the reason that you provided it for.
- We will only hold your information for as long as necessary to fulfil that purpose.
- We will not pass your information to any other parties unless this is made clear to you at the time you supplied it.
- All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality.

EQUAL OPPORTUNITIES MONITORING FORM – CONFIDENTIAL

We are fully committed to the active promotion of equal opportunities and we are seeking to ensure that we are available to everyone. In order to assist us with monitoring and assessing the effectiveness of this policy we would be grateful if you would complete the details requested below. The information provided will be kept confidential.

Ethnic Origin

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

Black and Black British

- Caribbean
- African
- Other Black background

White

- British
- Irish
- Other white background

Chinese or other ethnic group

- Chinese
- Other background

Irish traveller

- Traveller
- Gypsy/Romany
- Other

Refused

Please state your Nationality

Sexual Orientation

- Bisexual
- Gay
- Hetrosexual ("straight")
- Lesbian
- Do not want to disclose
- Other

Religion or belief

- Buddhist
- Christian (All denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- No Religion
- Other
- Do not wish to disclose

Do you have any disability?

- Yes
- No
- Don't Know

If YES please indicate the nature of your disability (tick all that apply)

- Mobility
- Visual impairment
- Hearing impairment
- Progressive disability/chronic illness (e.g. MS, Cancer)

- Mental Health
- Learning Disability
- Autistic spectrum condition
- Other
- Do not wish to disclose

Gender

- Male
- Female

Is your gender the same as you were assigned at birth Yes No