

Application for Supported Accommodation in Shropshire

Please ensure all sections on this form are completed in **BLOCK CAPITALS**.

This is a referral only. A more detailed assessment will be conducted by the selected service provider(s) later. We may need to request information about the applicant from other organisations that work with them. This will help us to fully assess the application. Please ensure that consent is obtained.

Data Protection Statement: The information recorded about the applicant on this form will be shared amongst representatives of local housing and related agencies to ensure the best use of local resources to meet their needs. This will normally be at one joint meeting. Copies of the referral form will only be held by the Service Provider(s) and the organisation completing this referral once a decision about accommodation and support has been made.

Applicant Details			
Name:			
Address:			
Postcode:		Contact No:	
Email:			
NI Number:		Nationality:	
Date of Birth:		Age:	
Carefirst No:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Does the applicant need someone to sign for them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant need information in Braille?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant need an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, which language?	
Does the applicant have right of residency in the UK?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant have recourse to public funds?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant consider him/her to have a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify	
Has the applicant stated a preference for where they wish to live?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify	
<input type="checkbox"/> New Street (Shrewsbury)	<input type="checkbox"/> Parish Room (Bridgnorth)		
<input type="checkbox"/> The Foyer (Ludlow)	<input type="checkbox"/> SHIP shared houses (various)		
<input type="checkbox"/> The Grain Loft shared Flats (Ludlow)	<input type="checkbox"/> SHIP independent (various)		
<input type="checkbox"/> New Century Court (Oswestry)			

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Next of Kin			
Name:			
Postcode:		Contact No:	
Current Housing			
Date applicant moved into their current address?			
<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless			
Current Landlord (if applicable):			
Local Authority Area:			
Is applicant on a local housing register?		<input type="checkbox"/> No <input type="checkbox"/> Yes, which one?	
Does the applicant have any pets?		<input type="checkbox"/> No <input type="checkbox"/> Yes, what type(s)?	
Details of family living with applicant (if you need more room please attach a separate sheet)			
Name(s)	Date of Birth	Age	Relationship
Where has the applicant lived in the past three years? (Include any hospital or prison stays)			
Address	From	To	Reason for leaving
Are there any problems in current accommodation?			<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give brief details:			

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Reason For Needing Accommodation					
Problems with health/disability	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>
Problems related to relationship breakdown	<input type="checkbox"/>	Poor housing conditions	<input type="checkbox"/>	Leaving care	<input type="checkbox"/>
Financial difficulties	<input type="checkbox"/>	Need for independent accommodation	<input type="checkbox"/>	Leaving temporary accommodation	<input type="checkbox"/>
Racial harassment	<input type="checkbox"/>	Eviction/Repossession	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
To move near family, friends or employment	<input type="checkbox"/>	Asked to leave by family, friends or landlord	<input type="checkbox"/>	Left or leaving abusive/violent situation	<input type="checkbox"/>
Other, please specify:					

Medical History	
Is the applicant supported through CAMHS, the Community Mental Health Team or Early Intervention in Psychosis Team?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any ailments or illnesses that staff should be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please give details	
Brief details of previous medical history/medical conditions/allergies etc.	
Is the applicant on medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
If yes please list below name & purpose:	
Is the applicant pregnant? If yes, expected due date:	No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

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Criminal History		
Has the applicant ever been in trouble with the police?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous Convictions – Please list details of previous offences (continue on a separate sheet if needed)		
Date	Offence	Sentence
Is the applicant subject to any current orders? Please give details.		
What date is the applicant due in Court?		

Support Needs		
Please indicate areas where you believe the service user requires support	Please tick as many as applicable	Note any relevant details
Support to manage housing/tenancy issues		
Support to achieve and maintain economic security		
Support to participate and achieve through work, education and training		
Support to maintain social and community links		
Support to maintain personal health and safety		
Any other additional significant information relevant to support needs or referral in general? Please detail here:		

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Applicant Financial Situation						
Are there any current rent arrears?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please give details, including any agreements made to repay the debt?						
Does the applicant have any other current debts?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please give details, including any agreements made to repay the debt?						
What benefits are currently being claimed/received? (tick all that apply)	Income Support	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>
	Disability Living Allowance	<input type="checkbox"/>	Severe Disability Allowance	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>
	Employment Support Allowance			<input type="checkbox"/>	Other (Please state):	
Is the applicant working?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes:	How many hours per week?					
	What are the applicant's weekly earnings?					
Is the applicant in education or on a training course?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes:	What course is the applicant doing?					
	What hours does the applicant do?					
Does the applicant do any voluntary work?						
If yes:	How many hours per week ?					
Does the applicant have any savings over £3,000?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please give more detail as this might affect the applicant's ability to claim certain benefits?						

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Involved Agencies			
Mental Health – Has the applicant ever had involvement with CAMHS, the Community Mental Health Team or Early Intervention in Psychosis Team? Please give details		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
YOS/Probation – Is the applicant currently on Probation? Please give details		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
Substance Misuse Team – Has the applicant ever had involvement with Substance Misuse Team? Please give details		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
Health Visitor – Is the applicant currently involved with a health visitor? Please give details		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
Social Services – Has the applicant ever had any Social Services involvement? Please give details (including which local authority)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
Other – Does the applicant have any other significant people or agencies helping them? Please give details		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name		Telephone Number	
Has permission been given for us to contact agencies relevant to the above questions?		<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Risk Indicators							
This information is required to allow support staff to prepare for the assessment interview fully. Please give as much detail as possible. With this application is there any history or evidence of the following, either by or to the applicant?							
	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Self Harm			
Arson				Sex Offences			
Domestic Abuse				Other (please specify)			
Substance / Alcohol Use				Other (please specify)			
Please give further details relating to risk indicators:							

Further Information
Homelessness
Result of Assessment (if known)
Children's Act
Result of Assessment (if known)

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Apart from needing accommodation what other support needs does the applicant have? E.g. cultural or gender needs, health and well being.

Declaration

I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any service or offer of service, including housing, or if I have already moved into a service you may take legal action, which may result in you asking me to move out.

Signed (applicant):		Date:	
Print Name:			

Referrer Details & Your Consent

Referral Agency:		Contact Name:	
Tel:		Email:	

Thank you for completing this application form