**Supported Housing Referral Form**

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| **General Information** |
| **Title (circle or highlight)** | Mr | Mrs | Miss | Ms | Other: |
| **First names** |  | **Surname** |  |
| **Known alias** |  | **National Insurance** |  |
| **Contact no.** |  | **Date of birth** |  |
| **Ethnicity** |  | **Gender** |  |
| **Sexuality** |  | **Disability** |  |
| **Preferred contact method (circle or highlight)** | Mobile | Text | Email | Post |
| **Email address** |  |
| **Date of referral** |  | **Referral source** |  |
| **Referrer’s name** |  | **Referrer’s contact details** |  |
| **Applicant’s local connection?** |  |
| **Reason for application in area** |  |
| **Address History (last 5 years)** |
| **Current address** |  |
| **Type of accommodation (circle or highlight)** | B&B | Care / foster home | Friends / family | Hospital | Hostel | Prison |
| Owner occupier | Residential rehab | Sleeping rough | Tenant HA | Tenant LA | Tenant PRS |
| **Dates** |  |
| **Reason for leaving** |  |

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| **Previous address** |  |
| **Type of accommodation (circle or highlight)** | B&B | Care / foster home | Friends / family | Hospital | Hostel | Prison |
| Owner occupier | Residential rehab | Sleeping rough | Tenant HA | Tenant LA | Tenant PRS |
| **Dates** |  |
| **Reason for leaving** |  |
| **If address history is less than 5 years old please list all other addresses:** | **Types and dates:** |
| **Do you have any arrears? Please state amount and who this is owed to:** |  |
| **Do you have any rent or service charge recoveries from your benefits (including Housing Benefit)?** |  |
| **Personal Details** |
| **Reason for applying (circle or highlight)** | Homeless | Move on accommodation | Release from custody |
| Required to leave current accommodation | General let | Other (state): |
| **Primary Support Need (tick one)** | **Secondary Support Needs (tick all that apply)** |
|  | Alcohol misuse |  | Filling in forms |
|  | Drug misuse |  | Claiming benefits |
|  | Single homeless |  | Finance / paying bills |
|  | Homeless families |  | Education / training |
|  | Mental health |  | Taking medication |
|  | Learning disability |  | Self care |
|  | Offender / at risk of offending |  | Alcohol misuse |
|  | Physical / sensory disability |  | Substance misuse |
|  | Refugee |  | Social isolation |
|  | Rough sleeper |  | Mental health |
|  | Young person at risk / leaving care |  | Appointments / complying with orders |
| **Further Information** |
| **Support area (list)** | **Any previous support?** | **Detail** |
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| **Network of support** | **🗸** | **Name of worker (include contact details)** |
| Carer |  |  |
| GP |  |  |
| Social worker |  |  |
| Drug / alcohol worker |  |  |
| Mental health worker |  |  |
| Housing provider |  |  |
| Offender manager |  |  |
| Other (please state) |  |  |
| **Does the applicant have an offending history? (circle or highlight)** | Yes | No |
| **Please give details***We cannot take applicants with arson or sex convictions (check pending)* | **Offence** | **Date** | **Spent (Y/N)** |
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| **Offence** | **Date** | **Spent (Y/N)** |
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| **Financial / Benefits Information** |
| **Economic status (circle or highlight)** | Full time work | Full time training | Jobseeker | JSA / part time work | Apprentice | Nil income |
| Part time work | Part time work / student | Student | Unfit for / unable to work | Other: |
| **Benefits (circle or highlight all that apply)** | JSA | IS | ESA | Incapacity Benefit | Pension | Working full time |
| Working part time | DLA | Nil income | Universal Credit | Other: |
| **Please give details including amount and pay date** |  |
| **Supporting Information** |
| **If you have any additional information to support this application, please add it here:** |

**Authority to Proceed**

By signing this application form you agree to allow Derventio Housing Trust to speak to identified workers/organisations to further your application. We may cross check the information you have provided with the local authority, DWP and any housing providers to verify the detail. Only information relating to your application for accommodation/support and any factors that may impact on this will be requested/verified.

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| --- | --- |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

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| **Office Only** |
| **Application outcome (circle or highlight)** |
| Accepted | Refused | On hold | Did not attend |
| **Reason for refusal** |  |
| **Decision date** |  |
| **Decision by** |  |