**A drawing of a face

Description automatically generatedSupported Housing Referral Form**

Please submit to [referrals@derventiohousing.com](mailto:referrals@derventiohousing.com)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | |  | |
| **Where is the applicant’s local connection?** |  | | | | | |
| **Reason for homelessness** |  | | | | | |
| **Will the applicant require an interpreter?** |  | | | | | |
| **Address History (last 5 years)** | | | | | | |
| **Current/last address** |  | | | | | |
| **Type of accommodation** *(circle or highlight)* | B&B | Sleeping rough | Friends / family | Hospital | Hostel | Prison |
| Owner occupier | Residential rehab | Tenant PRS | Tenant HA | Tenant LA | Other: |
| **Dates** |  | | | | | |
| **Reason for leaving** |  | | | | | |

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| **Previous address** | |  | | | | | | | | | | | | |
| **Type of accommodation** *(circle or highlight)* | | B&B | | Sleeping rough | | | | Friends / family | | Hospital | | | Hostel | Prison |
| Owner occupier | | Residential rehab | | | | Tenant PRS | | Tenant HA | | | Tenant LA | Other: |
| **Dates** | |  | | | | | | | | | | | | |
| **Reason for leaving** | |  | | | | | | | | | | | | |
| **If address history is less than 5 years old, please list all other addresses:** | | | | | | | **Types and dates:** | | | | | | | |
| **Does the applicant have any arrears? Please state amount and who this is owed to:** | | | | | | |  | | | | | | | |
| **Does the applicant have any rent or service charge recoveries from their benefits (including Housing Benefit)?** | | | | | | |  | | | | | | | |
| **Reason for applying** *(circle or highlight)* | Discharge from hospital | | | | | | Move on accommodation | | | | | Release from custody | | |
| Required to leave current housing | | | | | | Eviction | | | | | Other (state): | | |
| **Primary Support Needs** | | | | | | | | | | | | | | |
| **Support needs (This must be completed***)* | | | **Has the applicant had any previous support?** | | | | | | | | **Please detail** | | | |
| Alcohol misuse | | |  | | | | | | | |  | | | |
| Substance misuse | | |  | | | | | | | |  | | | |
| Mental health issues | | |  | | | | | | | |  | | | |
| Physical health issues | | |  | | | | | | | |  | | | |
| Physical/sensory disability | | |  | | | | | | | |  | | | |
| Learning disability | | |  | | | | | | | |  | | | |
| Offender/at risk of offending | | |  | | | | | | | |  | | | |
| **Secondary Support Needs** | | | | | | | | | | | | | | |
| **Support needs** | | | **Has the applicant had any previous support?** | | | | | | | | **Please detail** | | | |
| Filling in forms | | |  | | | | | | | |  | | | |
| Claiming benefits | | |  | | | | | | | |  | | | |
| Finance/paying bills | | |  | | | | | | | |  | | | |
| Appointments/complying with orders | | |  | | | | | | | |  | | | |
| Education/training | | |  | | | | | | | |  | | | |
| Social isolation | | |  | | | | | | | |  | | | |
| **Network of support** | | | | | **🗸** | **Name of worker (include contact details)** | | | | | | | | |
| GP | | | | |  |  | | | | | | | | |
| Dentist | | | | |  |  | | | | | | | | |
| Social worker | | | | |  |  | | | | | | | | |
| Drug / alcohol worker | | | | |  |  | | | | | | | | |
| Mental health worker | | | | |  |  | | | | | | | | |
| 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*** | | | | | | | | | | | | | | |
| **Offence** | | | | | | | | | **Date** | | | | | |
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| **Financial / Benefits Information** | | | |
| **Economic status** *(tick)* | | **Benefits** *(tick all that apply)* | |
|  | Full time work |  | Universal Credit |
|  | Part time work |  | PIP / DLA |
|  | Full time training |  | ESA |
|  | Part time training |  | Nil income |
|  | Jobseeker |  | Pension / pension credit |
|  | Student |  | Private pension |
|  | Unfit for / unable to work |  | Other: |
|  | 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | | **Referrer** | |
| Signature |  | Signature |  |
| Print name |  | Print name |  |
| Date |  | Date |  |

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