

Multi Agency Referral / Application Form for Accommodation (18yrs+)

Part 1 – Referring Agency

Agency: _____ Address: _____

Name of worker: _____

Tel: _____ Email: _____

Date of Referral: _____

Part 2 Office Use Only

Date referral / application received: _____

Interviewed offered YES NO Date of Interview: _____

Referral / Application Accepted YES NO

Part 3 – Client / Applicant information:

FIRST NAME(S): _____ SURNAME: _____

NI No.:

Address: _____

Mobile Number: _____ Email: _____

Preferred language: _____ Immigration Status: Not Applicable or _____

Nationality: _____ Have you returned to live in U.K. in the last 2 years? _____

If so, when did you last enter the U.K.? _____

DATE OF BIRTH: DAY MONTH YEAR

Do you need help with communication? _____ What form of ID you have? _____

Do you have any special dietary requirements, food or allergies? NO YES

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____

THEIR CONTACT TEL NO / Email: _____

YOUR PRESENT ACCOMMODATION

Please tick the box to show your present housing circumstances

RENTING FROM COUNCIL RENTING FROM HOUSING ASSOCIATION

RENTING PRIVATELY LIVING WITH FAMILY/FRIENDS

NIGHTSHELTER/HOSTEL PRISON/HOSPITAL

ROUGH SLEEPING OTHER (Please indicate below)

REASON FOR APPLICATION

Please tick the boxes which best describes your reason for applying

EVICTED	<input type="checkbox"/>	RELATIONSHIP BREAKDOWN	<input type="checkbox"/>
HEALTH/MEDICAL REASONS	<input type="checkbox"/>	HARRASSMENT	<input type="checkbox"/>
OVERCROWDING	<input type="checkbox"/>	RELEASE FROM PRISON/HOSPITAL	<input type="checkbox"/>
FINANCIAL DIFFICULTIES	<input type="checkbox"/>	NEED FOR ADDITIONAL SUPPORT	<input type="checkbox"/>
NEED FOR INDEPENDENCE	<input type="checkbox"/>	OTHER (Please indicate below)	<input type="checkbox"/>

When do you need the accommodation?

How long do you intend to stay?

LOCAL CONNECTION

Please provide details of any local connection you have

It is important you think about where you will live when you move on.

I would consider:-

- Private rented accommodation with the help of a rent deposit scheme
- Shared housing
- Social housing/Housing association
- Moving to another part of the country
- Another hostel

Please give details of applications you have already made:

Dates

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Part 4 - Disabilities

Do you have a disability? NO (go to part 5) YES

Are you registered disabled? NO YES

If registered disabled please confirm number: _____

What is your disability?

Do you require accommodation designed for a person with a physical disability? NO YES

If yes, please confirm details: _____

Part 5 - Physical Health

GP details: _____

Do you have any physical health issues? NO (**go to part 6**) YES If yes, please indicate below:

Do you suffer from any of the following conditions?

Asthma Diabetes Epilepsy Heart attacks

Hepatitis B,C,D HIV/AIDS Stroke/TIA's Tuberculosis

Other Please give details: _____

Are you currently taking any medication (including Methadone or Suboxone)? NO YES

If yes, please indicate below

Part 6- Mental Health

Do you currently have or have you ever had any mental health issues?

NO (go to part 7) YES

Have you been given a diagnosis?

NO

YES, I have been diagnosed with : _____

If yes give details of agencies that are supporting you and medication you are taking

Are you supported with your Mental Health issues?

YES, it meets my needs

YES, but I would like more help

NO, but it would help me

NO, I don't need any

Part 7- Substance Misuse

Do you have any current or past alcohol issues?

NO

YES

How many units of alcohol you consume every day? _____

Are you receiving support to address your alcohol issue

NO

YES

YES, it meets my needs

YES, but I would like more help

NO, but it would help me

NO, I don't need any

If yes, give details of the agencies that are supporting you

Do you have an Alcohol Worker NO YES (Details): _____

Do you take drugs or used to? NO YES PREVIOUSLY

Amphetamines/Speed Benzodiazepines/benzos Cannabis/Weed
Crack/Cocaine Heroin Prescription Drugs

Other: _____

Are you currently injecting drugs? NO YES

Are you currently taking Methadone? NO YES

Are you receiving support to address your drug issue NO YES

YES, it meets my needs

YES, but I would like more help

NO, but it would help me

NO, I don't need any

If yes, give details of the agencies that are supporting you

Do you have an Drugs Worker NO YES (Details): _____

Part 8 -Involvement with the Police

Do you have any criminal convictions/cautions/reprimands? NO YES

If yes, please give details and dates (*Include any spent convictions in date order*)

Are you subject to Probation/Supervision Order? NO YES
If Yes who is your supervising Officer?

Are there any Court cases pending? NO YES Details:

Part 9 Economic Status

Are you **employed** | **attending college** | **in receipt of benefits**

Employment

Company name: _____ Address: _____

Wages: _____ per week /fortnight/ month

Education

College/University: _____

Course: _____

Hours : _____ Qualification: _____

Benefits

Which benefit do you claim?

How much do you receive?

Job Seekers Allowance

ESA

Universal Credit

Income Support

Incapacity Benefit

Disability Living Allowance

Do you have deductions crisis/budgeting loan or fines?

Do you have any debts?

Do you have any savings?

Benefit received on: Monday Tuesday Wednesday Thursday Friday

Date of last payment: _____

Do you have any problems claiming benefit and are there any deductions being taken?

NO

YES

If yes, provide details: _____

Are you currently claiming Housing Benefit? NO YES

Are you receiving a payment for Housing costs as part of your Universal Credit payment?

NO

YES

Do you have any Housing Benefit debts? NO YES

If yes provide details: _____

Do you have another income/employment? NO YES

Employers name and address: _____

How much do you get paid? £ _____ How often are you paid? _____ Payment date: _____

Date of last payment received:

Do you have any outstanding debts i.e. loans/credit cards? _____

What action are you taking to reduce/clear the debt? _____

Do you need support to manage your debts NO YES

Are you already receiving support to manage your debts? NO YES

If yes, provide details

Part 10 –OTHER SUPPORT NEEDS

Do you require any support in the following areas? (Please circle)

Further Education

Gambling

Maintaining family links

Interview Skills

Social Skills

Independent living skills

Culture & faith

Personal safety

Personal hygiene

Other (Please indicate below)

ANY OTHER INFORMATION TO SUPPORT THIS / YOUR APPLICATION?

Have you lived at the accommodation you are being referred / applying to NO YES

If yes provide dates? _____

Do you know anyone who is living or have lived at the accommodation you are being referred to?

NO YES

Name _____

Part 10 . Other Agencies

Any other agencies you are working with not detailed above

Agency: _____

Address: _____

Contact: _____

Reason for support: _____

Agency: _____

Address: _____

Contact: _____

Reason for support: _____

Agency: _____

Address: _____

Contact: _____

Reason for support: _____

Part 11 Consent & Confidentiality

I understand that **One YMCA** will be making enquiries as appropriate in association with my application and on-going support for accommodation and this may include information concerning my medical condition, accommodation history, state benefits, and criminal convictions.

I hereby give **One YMCA** and the supported housing providers / agencies referred to on this form permission to contact all relevant agencies / persons to make enquires about the situation that I have presented to them.

I also understand that the information I have given will remain confidential and will not be passed on without my permission.

I give consent for the appropriate professional / agency to release information as is deemed necessary during my stay.

In signing the below you give consent to allow **One YMCA** to record your details using our secure, password protected database. Any staff members who have access to these files are bound by **One YMCA's** Confidentiality policies.

I understand and agree to the above statements.

Name: _____ Signature: _____

Date: _____

EQUAL OPPORTUNITIES MONITORING:

To enable us to check that every applicant is treated fairly, please answer the questions below. Your answers will be treated in the strictest confidence.

1. GENDER

- Male Female Prefer not to say

2. GENDER REASSIGNMENT

- Yes No Prefer not to say

3. PREGNANCY / MATERNITY

- Pregnancy Maternity Prefer not to say

4. MARRIAGE / CIVIL PARTNERSHIP

- Marriage Civil Partnership Prefer not to say

5. ARE YOU EX-ARMED FORCES PERSONNEL?

- Yes No Prefer not to say

6. SEXUAL ORIENTATION

- Heterosexual/straight Bi-sexual homosexual man
- homosexual woman Other Prefer not to say

7. ETHNIC ORIGIN

Please tick which applies to you OR state your ethnicity in the box below:

- White British Irish Any other White
- Black Caribbean African Any other Black
- Asian Indian Pakistani Bangladeshi
- Chinese Any other Asian
- Mixed White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed
- Gypsy, Romany, Irish Traveller
- Other Arab Any other Please tell us:.....
- Prefer not to say

8. DISABILITY

Do you consider yourself to have a disability?:
 Yes No Prefer not to say

9. RELIGION AND BELIEF

How would you describe your religion or beliefs?
 Buddhism Judaism Christianity Islam
 Hinduism Sikhism No religion Prefer not to say

10. AGE

Please tell us your age: Prefer not to say