**Providers of Single Persons Accommodation with**

**Intense Housing Management**

**APPLICATION FORM**

**Incomplete forms may be returned to you and could delay your application**

**Are you aged 16 or 17?**  No 🞏 Yes 🞏

If Yes, please contact your local Housing Department (Do NOT complete this form)

**Are you a Care Leaver aged 16 to 21** (or 25 yearsif you have a disability or in education)

No 🞏 Yes 🞏 If yes, contact your Leaving Care Worker before completing this form

1. **Personal Details**

|  |  |
| --- | --- |
| Date of Application: |  |
| Surname: |  |
| Forenames: |  |
| DOB: |  |
| Gender: | Male 🞏 Female 🞏 |
| NI No.: |  |
| Current Address: |  |
| Postcode: |  |
| Contact Telephone Number: |  |
| Email Address: |  |
| Next of Kin Details  Name:  Address: |  |
| Place of Birth: |  |

1. **Accommodation Information**

**Previous accommodation:** Please provide Nacro with your past 5 years; continue on a separate sheet if required. Please be aware we will contact you previous landlord for a reference.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Address** | **Landlord** | **From** | **To** | **Reason for leaving** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |

**Service Required?**

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | Self-Contained 🞏 | Shared 🞏 | |

**Why do you need accommodation?**

Rough Sleeping 🞏 Family Breakdown 🞏 Sofa Surfing 🞏

In Custody / AP 🞏 Relationship Breakdown 🞏 Leaving Care 🞏

Leaving Emergency / Temporary Accommodation 🞏 Other 🞏

Overcrowding 🞏 Hospital Discharge 🞏

**When will the accommodation be needed?**

**Are you pregnant?**

No 🞏 Yes 🞏 If yes, when is your due date?

If yes, when is your due date?

**Do you have access to children?** No 🞏 Yes 🞏

If yes is this for overnight? No 🞏 Yes 🞏 (Note: there are very limited options for those with access to children)

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |

**Please give a summary of accommodation lived in to date with details of any time spent in supported accommodation:**

**Have you approached your Local Council as homeless?** No 🞏 Yes

**Do you have a local connection to any of these Local Councils?**

Lincoln City 🞏 East Lindsey 🞏 South Holland 🞏

North Kesteven 🞏 West Lindsey 🞏 Other 🞏

South Kesteven 🞏 Boston 🞏 Please state other \_\_\_\_\_\_\_\_\_\_\_\_\_

What is your connection with this council? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered with this council for accommodation? Yes 🞏 No 🞏

1. **Medical Details & History**

**GP Details**

|  |  |
| --- | --- |
| Name of GP: |  |
| Address: |  |
| Contact Telephone Number: |  |

**Do you have any medical conditions, including physical disability, or mental health conditions?** No 🞏 Yes 🞏

|  |  |
| --- | --- |
| If Yes please give details: | Named Contact Worker |
|  |  |

**Are you currently taking any medication?** No 🞏 Yes 🞏

|  |
| --- |
| If Yes please give details: |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Mental Health Problems | 🞏 | Sexual Abuse | 🞏 |
| Violence | 🞏 | Crime Related Issues | 🞏 |
| Domestic Abuse | 🞏 | Long Term Illnesses | 🞏 |
| Self Harm/Suicidal Ideation | 🞏 | Bullying/Harassment | 🞏 |
| Alcohol Abuse | 🞏 | Disabilities | 🞏 |
| Substance Misuse | 🞏 | Gambling | 🞏 |
| Financial Abuse | 🞏 | Other: |  |
| New Psychoactive Substances (Legal Highs) 🞏 | | | |

|  |
| --- |
| Please give details of all areas ticked, continue on separate sheet if required: |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Probation | 🞏 | Youth Offender Order | | 🞏 |
| Anti-Social Behaviour Order | 🞏 | Suspended Sentence | | 🞏 |
| Drug Intervention Programme | 🞏 | MAPPA (Multi-Agency Public Protection Agency) | | 🞏 |
| Care Programme Approach (Mental Health Services) | 🞏 | IOM (Integrated Offender Management) | | 🞏 |
| Care Order (Social Services) | 🞏 | MARAC (Multi-Agency Risk Assessment Conference) | | 🞏 |
| Date your order expires: |  | Other: |  | |

**If you are currently in custody/ In Patient:**

|  |  |
| --- | --- |
| What is your Prison Number? |  |
| 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 🞏

**Are you on bail?** No 🞏 Yes 🞏

|  |
| --- |
| Please give details of charges and date in court: |

**Do you have any prior convictions for any of the following (Please tick)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Arson |  | Drink/Drug Related |  |
| Sex Offences |  | Burglary |  |
| Violence/Harassment |  | Criminal Damage |  |
| Weapons |  | Other |  |
| Offences against children or vulnerable adults | | |  |

|  |  |  |
| --- | --- | --- |
| Please list all convictions | Date | Sentence |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

**Agency Involvement**

**Referrer:**

|  |  |
| --- | --- |
| Name of Referral Agency: |  |
| Name of Worker: |  |
| Phone Number: |  |
| Email Contact: |  |

**Are there any other agencies involved with you?** No 🞏 Yes 🞏

(Tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Probation | 🞏 | Youth Offending | 🞏 |
| Children’s Services | 🞏 | Mental Health Services | 🞏 |
| Families Working Together | 🞏 | Leaving Care Team | 🞏 |
| Targeted Youth Support | 🞏 | Outreach/Floating Support | 🞏 |
| Young Addaction | 🞏 | Other | 🞏 |
| Drug & Alcohol Services | 🞏 |  |  |

|  |  |
| --- | --- |
| Name of Service: |  |
| Name of Worker: |  |
| Address: |  |
| Contact Telephone Number: |  |
| E-mail Address: |  |
| Details: |  |
| Date of next meeting |  |

|  |  |
| --- | --- |
| Name of Service: |  |
| Name of Worker: |  |
| Address: |  |
| Contact Telephone Number: |  |
| E-mail Address: |  |
| Details: |  |
| Date of next meeting |  |

Continue on a separate sheet if required

1. **Income Details**

**Please tick which types of income you receive:**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **Amount** | **Next payment date** |
| Independent Living Allowance 🞏 | £ |  |
| Income Support (IS) 🞏 | £ |  |
| Job Seekers allowance (JSA) 🞏 | £ |  |
| Universal Credit 🞏 | £ |  |
| Employment Support Allowance (ESA) 🞏 | £ |  |
| Incapacity Benefit 🞏 | £ |  |
| DLA/Personal Independence Payments 🞏 | £ |  |
| Educational Bursary 🞏 | £ |  |
| In full time employment 🞏 | £ |  |
| In part time employment 🞏 | £ |  |
| Attending an Apprenticeship 🞏 | £ |  |
| Other 🞏 | £ |  |
| Not in receipt of income/benefits 🞏 | £ |  |

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

|  |  |  |
| --- | --- | --- |
| If Yes – Which benefit? |  | |
| Date Applied: |  | |
|  | |

1. **Tenancy Management Needs**

**Would you like help with any of the following (Please tick all that apply)?**

|  |
| --- |
| Sustaining a tenancy 🞏 |
| Moving on (Applying for housing/ Setting up bills) 🞏 |
| Finances (Paying rent/Claiming Benefits/Budgeting) 🞏 |

**Do you find sharing with other people difficult?** No 🞏 Yes 🞏

**Is there anything else you would like help with?**

|  |
| --- |
|  |

1. **Risk Assessment**

**Areas of Risk Presented by Applicant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Area of Risk | High | Medium | Low |
| To themselves |  |  |  |  |
| To others |  |  |  |  |
| From others |  |  |  |  |

Is there an agency risk assessment? No 🞏 Yes 🞏 - (Please Attach)

1. **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 or request 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.
* Any strong feelings/beliefs of who you would not be able to live in close proximity to

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity: |  | Age: |  |
| Gender: |  | Mental Health: |  |
| Sexual Orientation: |  | Physical Disability: |  |
| Offending Background: |  |  |  |

1. **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   Black and Black British   * Caribbean * African * Other Black background | White   * British * Irish * Other white background   Other ethnic group   * Chinese * Other background   Other   * Refused |
| **Religion or belief**   * Buddhist * Christian (All denominations) * Hindu * Jewish * Muslim * Sikh * No Religion * Other * Do not wish to disclose | **Sexual Orientation**   * Bisexual * Gay * Heterosexual (“straight”) * Lesbian * Do not want to disclose * Other |
| **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 🞏 | |

1. **LSP Members**

**Please send the completed referral to the most appropriate LSP Partner:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Location** | **Age Range** | **Address/Tel/Fax/Email** | **Sent to?**  **✓** |
| **LEAP Ltd** | Lincoln | 18 - 24 | Homer House, Monson Street  Lincoln, LN5 7RZ  T: 01522 563530 F: 01522 563531  E:[info@leap.uk.com](mailto:info@leap.uk.com) |  |
| **HATS** | Gainsborough | 18 + | HATS Community Hub, 142 Trinity Street, Gainsborough  DN21 1JD  T: 01427 677505  E: [info@hatshousing.org.uk](mailto:info@hatshousing.org.uk) |
| **Nacro** | Lincoln  Gainsborough  Boston  Spalding  Grantham  Skegness  Sleaford | 18 +  18 +  18 +  18 – 24  18 +  18 – 24  18 - 24 | 242 Woodfield Ave, Lincoln  LN6 0LT  T: 01522 525383 |  |
| **Axiom** | Market Rasen | 18 + | 32 Kings St, Market Rasen. LN8 3BB  T: 01673 842700 E:[MarketRasen.Referrals@axiomha.org.uk](mailto:MarketRasen.Referrals@axiomha.org.uk) |  |
|  | 18-25 | Wembley St, Gainsborough. DN21 2AJ  T: 01427 809362 E:[GainsboroughFoyer.Referrals@axiomha.org.uk](mailto:GainsboroughFoyer.Referrals@axiomha.org.uk) |