

**Supported Tenancy Referral Form**

The Supported Tenancy project provides individuals with supported accommodation to help them to be able to sustain a private tenancy. Clients will be supported by Hope Housing Support Workers. Clients will be referred to other support services for additional support where necessary. There is no definitive length of tenancy and leases are granted on a renewable 3-month contract.

**Referrer details**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Contact number**  |  |
| **Email address** |  |

**Applicant details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Other names known by** |  |
| **Gender** |  |
| **Date of birth** |  |
| **Ethnicity** |  |
| **Address** |  |
| **NI number** |  |
| **Forms of ID**Please give details |  |
| **Contact number** |  |
| **Email address** |  |
| **If no contact number how can we contact the applicant?** |  |

**Next of kin**

In case of emergency please give details of someone who may be contacted

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to you** |  |
| **Address**  |  |
| **Telephone number** |  |

**Legal Status**

Please give details of the applicant's legal status

|  |  |
| --- | --- |
| **Is the client a UK resident?** |  |
| **If not a UK resident does the applicant have pre-settled or full settled status?**Please specify with details. |  |
| **Is the applicant seeking asylum?**Please give details including dates and if they have legal representation |  |

**Housing history**

Please give details of the applicant's current accommodation and previous accommodationfor the last 2 years

|  |  |
| --- | --- |
| **Current landlord name and address** |  |
| **Contact number** |  |
| **Email address** |  |
| **Move in date** |  |

**Previous address history**

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| --- | --- | --- | --- | --- |
| **Dates****From - To** | **Accommodation****/ Project address** | **Accommodation type (private tenancy / supported housing / hostel etc)** | **Reasons for leaving** | **Debt / Arrears** |
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**Details of income / benefits**

Please give details of the applicant's financial situation

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| --- | --- |
| **Does the applicant have access to public funds?** |  |
| **Current source(s) of income****(wage, JSA, ESA, UC, tax credits, pension, etc)** |  |
| **Is the applicant eligible for Housing Benefit?** |  |
| **Amount & frequency of payments (weekly/fortnightly//monthly)** |  |
| **Any deductions from benefits (please specify amount)** |  |

**Employment & skills**

Please give details of employment history, qualifications and training completed

**Recent employment history**

|  |  |  |  |
| --- | --- | --- | --- |
| Job role /duties | Start date | End date | Reason for leaving |
|  |  |  |  |
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**Qualifications and training**

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| --- | --- |
| Name of qualification/training course | Date of completion |
|  |  |

**Medical conditions**

Please give details of any medical conditions below

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| --- | --- |
| **Physical health conditions / allergies** |  |
| **Mental health issues, including any history of self-harm and suicidal thoughts or plans** |  |
| **Medication (name & amount)** |  |
| **GP surgery name, address and phone number** |  |
| **Other health workers** |  |

**Substance use history**

Please give details of the applicant's current and past alcohol, drugs and substance use

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug / Alcohol used now or in past** | **Length of****time used** | **How much / often do you use and what problems does your drug / alcohol use cause** | **Support agency, name of worker and****telephone number** |
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**Risk Assessment**

This form details the perceived risk posed by the tenant at the point of referral. To be completed by a worker.

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| --- | --- | --- | --- | --- | --- | --- |
|  | No Problem | Past, but significant | Present, occasional, minor | Present, persistent, minor | Present, occasional, serious | Present, persistent, serious |
| Aggression | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Disruptive drinking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Drug taking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Physical illness | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Mental health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Self harm | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suicide risk | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Relationship problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Risk assessment completed by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Details**

Other details to be considered in the application

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| --- | --- |
| **Does the applicant consider themselves to have a disability?** |  |
| **Can the applicant read, write and communicate in English?** |  |
| **Applicants religious belief** |  |

**Criminal background and risk**

Please give details of the applicant's offending history and risk issues

|  |  |
| --- | --- |
| **Criminal convictions**Please give details of offences, including dates & outcome/sentence |  |
| **Please indicate specifically if the applicant has a history of any of the following:** | **Carrying an offensive weapon ☐****Arson ☐****Sexual assault ☐****Violence ☐****Schedule 1 offences ☐** |
| **Is the applicant on probation?**  |  |
| **If yes - Probation worker name and contact details** |  |
| **Please provide details of any pending police matters or court cases** |  |
| **Please give details here if the applicant is considered unsuitable for lone working** |  |

**Support needs**

Please indicate support needs and details of requirements

**Welfare benefits and budget management ☐**

**Acquiring furniture ☐**

**Debt management ☐**

**Employment and job seeking ☐**

**Training and/or education ☐**

**Volunteer work ☐**

**Physical health support ☐**

**Mental health support ☐**

**Substance abuse support ☐**

**Access to cultural, religious or faith-based activities ☐**

**Access to social and leisure activities ☐**

**Eating patterns and food preparation ☐**

**English language learning ☐**

**Re-establishing contact with family and friends ☐**

**Other Support Requirements** (Please provide details) **☐**

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**Support from other agencies**

Please give details of any current workers engaging with the applicant

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| --- | --- | --- | --- |
| **Name** | **Organisation** | **Contact details** | **Details of support** |
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Please return this form by email to referrals@hopehousing.org.uk

**DECLARATION OF CONSENT**

Hope Housing will store information in line with the Data Protection Act. Information will be stored on file and on a computer. We may need to contact other agencies and share relevant information to be able to help the applicant.

I authorise Hope Housing staff and volunteers to store my information and to communicate with agencies/individuals on my behalf. Specifically, this may include:

Job centre and local authority workers

Doctors

Health and mental health workers

Housing workers

Social workers

Drug and alcohol workers

Lawyers / solicitors

Previous landlords and accommodation providers

Police

Probation workers

Voluntary sector support agencies

Family / friends

and any other support agencies that I am working with

I agree to engage with Hope Housing staff and volunteers and to work with an initial support plan to help me to sustain my tenancy.

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **Worker name** |  |
| **Signature** |  |

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_