



Application for Supported Accommodation in Shropshire

Please ensure all sections on this form are completed in **BLOCK CAPITALS**.

This is an initial assessment only. A more detailed one will be conducted by the selected service provider(s) later.

We may need to request information about the applicant from any other organisations that work with them. This will help us to fully assess the application. Please ensure that consent is obtained.

Data Protection Statement: The information recorded about the applicant on this form will be shared amongst representatives of local housing and related agencies to ensure the best use of local resources to meet their needs. This will normally be at one joint meeting. Copies of the referral form will only be held by the Service Provider(s) and the organisation completing this referral once a decision about accommodation and support has been made.

Applicant Details			
Name:			
Address:			
Postcode:		Contact No:	
NI Number:		Nationality:	
Date of Birth:		Age:	
Care First No:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Does the applicant need someone to sign for them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant need information in Braille?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant need an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, which language?	
Does the applicant have right of residency in the UK?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant have recourse to public funds?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does the applicant consider him/herself to have a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify	
Has the applicant stated a preference for where they wish to live?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify	

Next of Kin			
Name:			
Address:			
Postcode:		Contact No:	

Current Housing			
Date applicant moved into their current address?			
Current housing status:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Homeless
Current Landlord (if applicable):			
Local Authority Area:			
Is applicant on a local housing register?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, which one?	
Does the applicant have any pets?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, what type(s)?	
Details of family living with applicant (if you need more room please attach a separate sheet)			
Name(s)	Date of Birth	Age	Relationship
•			
•			
•			
Where has the applicant lived in the past three years? (Include any hospital or prison stays)			
Address	From	To	Reason for leaving
Are there any problems in current accommodation?			<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give brief details:			

Reason For Needing Accommodation Or Leaving Family Home					
Problems with health/disability	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>	Overcrowding	<input type="checkbox"/>
Problems related to relationship breakdown	<input type="checkbox"/>	Poor housing conditions	<input type="checkbox"/>	Leaving care	<input type="checkbox"/>
Financial difficulties	<input type="checkbox"/>	Need for independent accommodation	<input type="checkbox"/>	Leaving temporary accommodation	<input type="checkbox"/>
Racial harassment	<input type="checkbox"/>	Eviction/Repossession	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
To move near family, friends or employment	<input type="checkbox"/>	Asked to leave by family, friends or landlord	<input type="checkbox"/>	Left or leaving abusive/violent situation	<input type="checkbox"/>
Other, please specify:					

Medical History	
Is the applicant supported through CAMHS, the Community Mental Health Team or Early Intervention in Psychosis Team?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a history of mental health, anxiety or depression?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the applicant ever felt suicidal?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any ailments or illnesses that staff should be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please give further details. This will not hinder the application but will allow staff to complete a risk assessment in support of the applicant.	
Brief details of previous medical history/medical conditions/allergies etc.	
Is the applicant on medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
If yes please list below name & purpose:	
Is the applicant pregnant? If yes, expected due date:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Criminal History	
Has the applicant ever been in trouble with the police or currently on bail?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous Convictions – Please list details of previous offences (continue on a separate sheet if needed)	
Date	Offence
Sentence	
Is the applicant subject to any current Court orders? Please give details.	
What date is the applicant due in Court?	

Applicant Financial Situation	
Any current or previous rent arrears? Name of landlord.	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give details, including any agreements made to repay the debt?	
Does the applicant have any other current debts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give details, including any agreements made to repay the debt?	
What benefits are currently	Income Support <input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>

being claimed/ received? (tick all that apply)	Disability Living Allowance	<input type="checkbox"/>	Severe Disability Allowance	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>	
	Employment Support Allowance			<input type="checkbox"/>	Other (Please state):		
Is the applicant working?				<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes:	How many hours per week?						
	What are the applicant's weekly earnings?						
Is the applicant in education or on a training course?				<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes:	What course is the applicant doing?						
	What hours does the applicant do?						
Does the applicant do any voluntary work?							
What qualifications did the applicant leave school with?							
What further qualifications does the applicant have?							
Does the applicant have any savings over £3,000?				<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes, please give more detail as this might affect the applicant's ability to claim certain benefits?							

Support Needs		
Please indicate areas where you believe the service user requires support	Please tick as many as applicable	Note any relevant details
Support to manage housing/tenancy issues which may include: <ul style="list-style-type: none"> • Maintain accommodation and avoid eviction • Find or obtain settled accommodation 		
Support to achieve and maintain economic security which may include: <ul style="list-style-type: none"> • Maximise income, including receipt of the right benefits • Reduce overall debt 		
Support to participate and achieve through work, education and training which may include: <ul style="list-style-type: none"> • Obtain paid work/ Participate in paid work • Participate in chosen training and/ 		

<p>or education, and where applicable, achieving desired qualifications</p> <ul style="list-style-type: none"> • Participate in chosen work like/ voluntary/ unpaid work activities 		
<p>Support to maintain social and community links which may include:</p> <ul style="list-style-type: none"> • Participate in chosen leisure/ cultural / faith/ informal learning activities • Establish contact with external service/ family/friends • Comply with statutory orders and processes (in relation to offending behaviour) • Support to avoid risk of harm to others • Greater choice and/or involvement and/or control at service level and within the wider community • Support to minimise rural isolation 		
<p>Support to maintain personal health and safety which may include:</p> <ul style="list-style-type: none"> • Better manage physical health • Better manage mental health • Better manage substance misuse • Better manage independent living as a result of assistive technology/ aids and adaptations • Better manage self harm and harm/risk of harm from others 		
<p>Any other additional significant information relevant to support needs or referral in general? Please detail here:</p>		
<p>How many alcoholic drinks does the applicant have each week?</p>		
<p>Does the applicant use illegal substances? Or so called 'legal highs'? How often?</p>		

Does the applicant misuse prescribed medication?			
Involved Agencies			
Targeted Youth- has the applicant had any involvement with Targeted Youth- previously Connexions		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Mental Health – Has the applicant ever had involvement with CAMHS, the Community Mental Health Team or Early Intervention in Psychosis Team? Please give details		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
The Probation Service – Is the applicant currently on Probation? Please give details. Any previous links to the Probation Service?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Community Substance Misuse Team – Any involvement with CSMT – current or past? Please give details		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Youth Offending Service –Any involvement with YOS? Current or past? Please give details		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Health Visitor – Is the applicant currently involved with a health visitor? Please give details		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Social Services – Has the applicant ever had any Social Services involvement? Please give details (including which local authority)		<input type="checkbox"/> No	<input type="checkbox"/> Yes

Does the applicant have a Social Worker?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Other – Does the applicant have any other significant people or agencies helping them? Please give details		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name		Telephone Number	
Has permission been given for us to contact agencies relevant to the above questions?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

Risk Indicators							
This information is required to allow support staff to prepare for the assessment interview fully. Please give as much detail as possible. With this application is there any history or evidence of the following, either by or to the applicant?							
	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Self Harm			
Violence				Self Neglect			
Arson				Sex Offences			
Domestic Abuse				Substance Misuse- including cannabis			
Alcohol Use				Damage to property			
Ability to abide by rules				Safeguarding or Child Protection concern?			
Criminal damage				Other (please specify)			
Please give further details relating to risk indicators:							

Further Information

Homelessness	
Result of Assessment (if known)	
<p>Has the applicant ever had a CAF (Common Assessment Framework) Meeting or a TAC (Team Around the Child) Meeting? Early Help intervention Mental Health assessment Special Educational Needs CSMT assessment</p> <p>Please state.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Apart from needing accommodation what other support needs does the applicant have? E.g. cultural or gender needs, health and well being.</p>	
<p>Please give the names and addresses of two referees who we may contact for further information in relation to this application. Preferably a school, college, employer or mentor.</p>	

Declaration			
I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any service or offer of service, including housing, or if I have already moved into a service you may take legal action, which may result in you asking me to move out.			
Signed (applicant):		Date:	
Print Name:			

Referrer Details & Your Consent			
Referral Agency:		Contact Name:	
Tel:		Fax:	

Your consent to contact your referral agency about this application (Please sign if you are applying with the support of a referral agency)

I give my permission for all the information recorded about me on this form will be shared amongst representatives of local housing and related agencies to ensure the best use of local resources to meet my needs. I understand that this will normally be at one joint meeting and as many copies of the referral form as possible will be destroyed after the joint meeting. I also understand that and by the time of final placement into a service or accommodation copies of this information will only be held by the Service Provider(s) and the organisation completing this referral.

Signed (applicant):		Date:	
Print Name:			

Thank you for completing this application form

For the applicant:

Monitoring

Please can you also complete the monitoring form attached. The information you provide helps us to monitor our policies to ensure they are fair and promote access to all those who need our services.

Monitoring information does not form part of the decision making process. You do not have to complete this section if you don't want to.

Our commitment to you

- We will confirm with you that we have received your application.
- If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail.
- We will keep you informed about how your application is progressing.
- If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
- We will make sure we treat your application fairly and without discrimination.

Appeals process

Your application will be considered by the Steering Group of the Shropshire Care Leavers and 16 / 17 Year Olds Accommodation & Support Single Referral Scheme (the "SRS"). If you are unhappy about any decision made by the Steering Group, you can appeal to the Steering Group Board for a review. You can do this in writing, by telephone or in person within 28 days of being told the decision by contacting the person or organisation who helped you with this application. Their details are:

Organisation Name			
Address			
Contact Name			
Telephone Number			
E-mail			
Monitoring			
We are committed to eliminating discrimination and promoting equality of opportunity. To ensure we monitor the race, ethnicity, gender and disability of all applicants. Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process. You do not have to complete this section if you don't want to.			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
	Age		
Do you consider yourself to have a disability?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what sort of disability?	Sight disability	<input type="checkbox"/>	Physically disability
	Hearing disability	<input type="checkbox"/>	Learning disability
	Mental Health disability	<input type="checkbox"/>	Prefer not to say
Which group best describes your ethnicity?			
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Other <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
	White & Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
Gypsies & Travellers	Gypsy <input type="checkbox"/>	Romaine <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
	Other <input type="checkbox"/>		
Prefer not to say	<input type="checkbox"/>		
Sexuality	Heterosexual <input type="checkbox"/>	Gay Man <input type="checkbox"/>	Lesbian <input type="checkbox"/>
	Bisexual <input type="checkbox"/>		
Religion			
Refused to answer this section	<input type="checkbox"/>		



Applicant's information

You have just had your first interview with us, and hopefully everything has been explained to you. You should know exactly what service we provide here, and what we will expect from you! The next thing we will do is to send off for two references using the names and addressees that you have provided. We will do this within three working days, if not sooner. As well as a reference request, we also send off a risk assessment questionnaire to your chosen referees.

When we have received the references and risk assessments we will contact you to let you know whether you have been successful in your application or not. If you have been successful, you will be given you a date and invited back for your second.

At the second interview we will discuss with you the Licence Agreement, and the terms and conditions of living at the Foyer. Hopefully we will be able to show you the room that we are going to offer you, and give you a date that you can move in. You will be allocated a member of staff to be your key worker and hopefully get a chance to meet them. We will give you a copy of the licence agreement to take away with you, if you wish, so that you can look at it at your leisure and show it to a parent or guardian.

When you move in, you will need to bring the Licence Agreement back with you. You will need to sign your copy of the Licence Agreement with a member of staff. You will also need to sign our copy of the Licence Agreement, which has additional paperwork such as a drug declaration form, consent form etc. We will then be able to hand you your set of keys to your room.

Tel: 01584 877111