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**Application for Accommodation and Support**

The information given in this form will be treated in the strictest confidence. If you have difficulty in completing the form the Tenant Support Workers will be pleased to help you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicants Details** | | | | | | | |
| Name | | | |  | | | |
| Contact Address | | | |  | | | |
| Postcode | | | |  | | | |
| Contact Telephone Number | | | |  | | | |
| Email Address | | | |  | | | |
| National Insurance Number | | | |  | | | |
| Age |  | | | Date of Birth | |  | |
| Gender: | Male |  | | Female |  | Transgender |  |
| Disability | | | Yes | |  | No |  |
| If yes, please specify: |  | | | | | | |

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| **Why do you need accommodation and/or support?** |
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| --- | --- | --- | --- | --- |
| **Where have you lived in the last five years?** | |  |  |  |
| Address | Landlord | From | To | Reasons for Leaving |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What is your income** | | | | | | | | | | |
| Benefits |  | Earned Income | |  | | No Income | | |  | |
| If you currently have no income, are you entitled to receive benefits? | | | Yes |  | No | |  | Not sure | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you had any involvement with Social Services?** | Yes |  | No |  |
| If yes, please give details: | | | | |
| **Have you had any involvement with the Police/Criminal Justice System?** | Yes |  | No |  |
| If yes, please give details: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you involved with any agency regarding drug/alcohol misuse?** | Yes |  | No |  |
| If yes please give details: | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the areas where you think you may need support:** | | | | | | | |
| Managing a tenancy |  | Accessing training, education, volunteering | | | |  | |
| Claiming benefits |  | Improve contact with family, friends | | | |  | |
| Reducing debts |  | Developing confidence | | | |  | |
| Sorting out utilities |  | Help with substance, alcohol misuse | | | |  | |
| Budgeting |  | Reduce offending behaviour | | | |  | |
| Obtaining paid work |  | To improve your physical health | | | |  | |
| To develop daily living skills |  | Advice on healthy eating, cooking | | | |  | |
| Other |  |  | | | |  | |
| **Are you already receiving help from any other agency in any of these areas?** | | | Yes |  | No | |  |
| If yes, please give details: | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin – Please choose one of the following:** | | | | | |
| White: British |  | White: Irish |  | White: Other |  |
| Black or Black British: African |  | Black or Black British: Caribbean |  | Black or Black British: Other |  |
| Asian or Asian British: Bangladesh |  | Asian or Asian British: Indian |  | Asian or Asian British: Pakistani |  |
| Asian or Asian British: Chinese |  | Asian or Asian British: Other |  |  |  |
| Mixed: White and Black Caribbean |  | Mixed: White and Black African |  | Mixed: White and Asian |  |
| Other Ethnic Group: Arab |  | Other Ethnic Group: Other |  | Gypsy/Romany/Irish Traveller |  |
| Does not want to disclose |  |  |  |  |  |

**Declaration**

**I confirm that the information contained in this application is true and includes all relevant information required to assess my referral.**

**Signed: Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the referral agency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Agency** |  | **Contact Name** |  |
| **Address** |  | | |
| **Contact Number** |  | **Email Address** |  |

**Other Agencies Involved**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency** |  | **Contact Name** | | | | **Telephone Number** | | | | | |
| Social Worker |  |  | | | |  | | | | | |
| Probation/YOS Worker |  |  | | | |  | | | | | |
| CPN/Psychiatrist |  |  | | | |  | | | | | |
| Health Visitor |  |  | | | |  | | | | | |
| Substance Misuse Agency Worker |  |  | | | |  | | | | | |
| Other Support Worker |  |  | | | |  | | | | | |
| How long have you known the applicant? | | |  | | Years | | |  | | months | |
| How long do you expect to be working with the applicant? | | | |  | | | | | | | |
| Does the applicant have a support/care plan with the referring agency? | | | | | | | Yes | |  | No |  |

**Risk Assessment Information**

The majority of our work involves lone working either in client’s homes or in the community. We request that all referring agencies complete this form – this will not be used as a basis for accepting or excluding people from Coatham House, but will inform our own risk management strategy should we be able to offer accommodation/support.

Please include information based upon your own work with the client, as well as known history.

Please could you indicate from your knowledge of       (name),       (DOB) their history of the following:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Violence to others | Yes |  | No |  | Violence from others | Yes |  | No |  |
| Aggressive behaviour | Yes |  | No |  | Abuse/harassment to others | Yes |  | No |  |
| Damage to property | Yes |  | No |  | Arson | Yes |  | No |  |
| Inappropriate sexual behaviour | Yes |  | No |  | Sexual abuse (perpetrator) | Yes |  | No |  |
| Physical abuse (perpetrator) | Yes |  | No |  | Danger/risk to children | Yes |  | No |  |
| Physical health (hepatitis, HIV) | Yes |  | No |  | Risk to professionals | Yes |  | No |  |
| Offending | Yes |  | No |  | Anti-social behaviour | Yes |  | No |  |
| Incidents of self-neglect | Yes |  | No |  | Incidents of being exploited | Yes |  | No |  |
| Substance misuse | Yes |  | No |  | Alcohol misuse | Yes |  | No |  |
| Accidental harm | Yes |  | No |  | Sexual abuse (victim) | Yes |  | No |  |
| Physical abuse (victim) | Yes |  | No |  | Self-harm | Yes |  | No |  |
| Poor mental health | Yes |  | No |  | Poor motivation/engagement | Yes |  | No |  |
| Rent arrears/debt | Yes |  | No |  | Suicidal attempts | Yes |  | No |  |

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| **Where you have ticked yes to any of the previous risk assessment questions, could you please provide details of each incident/issue including when the incident occurred, how many times it has happened and the severity of the incident?** |
|  |

Signed: Date:

Please return to:-

Email: [coathamhouse@hotmail.co.uk](mailto:coathamhouse@hotmail.co.uk)

Post: Coatham House

5A High Street

Redcar

****TS10 3BY