**Suppported Tenancy Referral Form**

The Supported Tenancy project provides individuals with supported accommodation to help them to be able to sustain a private tenancy. The provision of support is through trained volunteers. 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 or 6 month contract.

**Referrer details**

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

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.

**Please tick this box to show consent ☐**

**Applicant details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Other names known by** |  |
| **Gender** |  |
| **Date of birth** |  |
| **Ethnicity** |  |
| **Address** |  |
| **NI number** |  |
| **Forms of ID**Please give details |  |
| **Current landlord name and contact details** |  |
| **Contact number** |  |
| **Email address** |  |
| **Move in date** |  |

**Next of kin**

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

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

**Housing history**

Please give details of the applicant's accommodationfor the last 2 years

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

**Details of income / benefits**

Please give details of the applicant's financial situation

|  |  |
| --- | --- |
| **Current source(s) of income****(wage, JSA, ESA, UC, tax credits, pension, etc)** |  |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Qualifications and training**

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

**Medical conditions**

Please give details of any medical conditions below

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

**Other Details**

Other details to be considered in the application

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

**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 ☐** |
|  |

**Support from other agencies**

Please give details of any current workers engaging with the applicant

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Organisation** | **Contact details** | **Details of support** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DECLARATION OF CONSENT**

I authorise Hope Housing staff and volunteers 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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form by email to helen@hopehousing.org.uk or by post to **Hope Housing, Millside House, 131 Grattan Road, Bradford, BD1 2HS**

**Worker should also complete the Risk Assessment on the next page**

**Risk Assessment**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No Problem | Past, but significant | Present, occasional, minor | Present, persistent, minor | Present, occasional, serious | Present, persistent, serious | Any further detailsIf not detailed on referral form |
| Aggression | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Disruptive drinking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Drug taking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Physical illness | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Mental health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Self harm | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Suicide risk | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |
| Relationship problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |  |

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

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