**Application for supported accommodation within Swindon**

**Please return all completed referrals to** [**ypsa@swindon.gov.uk**](mailto:ypsa@swindon.gov.uk)

***What accommodation/support do we want to include?***

Foyer  Radnor Lodge  Wiltshire House

The Circle  Beaumaris

Floating support along with accommodation referral

**FLOATING SUPPORT ONLY FOR PREVENTION**

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| Section 1 – About the Applicant |  |

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| --- | --- | --- | --- | --- |
| Name: |  | Known as any other names: | | |
| Date of Birth: |  | NINO: | |  |
| Contact Number: |  | Age: | |  |
| Gender: |  | | | |
| Email Address: |  | | | |
| Nationality: |  | | | |
| Current Address:  **Full address history and length of stay for the last six years. Please use additional notes sheet if necessary.** | Address | | Length of stay (dates from and to) | |
| 1. | |  | |
| 2. | |  | |
| 3. | |  | |
| 4. | |  | |
| 5. | |  | |
| 6. | |  | |
| Risk of eviction:  **Is your accommodation at imminent risk? Please provide details.** |  | | | |
| Type of last or current accommodation: | Private  Supported Housing  Council/H.A.  B&B/Emergency Accommodation  Rough Sleeping  Hospital  Other  …………………………. | | | |
| Do you have a disability? | **This could include any medical problems learning or physical disabilities.** | | | |
| Immigration Status: | **(please note; not all applicants in receipt of benefits are entitled to accommodation based support)** | | | |
| Is the applicant: | Single  In a Relationship  Married  Divorced  Separated  Pregnant  Responsible for Any Children  **Please provide the due date and/or children’s name & date of birth in the additional information section.** | | | |
| Local Connection:  **Do you have a local connection to Swindon?** |  | | | |
| A local connection could be:  You have lived in the borough for 6 months out of the last 12 months  You have lived in the borough for 3 years out of the last 5 years  You have permanent employment in the borough  You have a close relative who has lived in the borough for the last 5 years (Close relative means mother, father, brother, sister, or adult son, daughter or foster parent).  **PLEASE NOTE: TO ACCESS SUPPORTED ACCOMODATION, APPLICANTS MUST HAVE A LOCAL CONNECTION TO SWINDON OR HAVE A SPECIAL CIRCUMSTANCE TO SHOW WHY A MOVE TO THIS AREA IS NEEDED. PLEASE USE THE BOX ABOVE TO PROVIDE EVIDENCE OF THESE CIRCUMSTANCES IF APPROPRIATE.** | | | |
| Are you registered on Swindon Home Bid? **If yes please state band awarded**. | Yes  No | | Band A  Band B | |
| Have you made a homeless application?  **If yes, to which district:** |  | | | |
| Have you ever been in the forces?  **If yes please provide details and dates:** |  | | | |
| Are you currently under children services assistance? | Yes Section 17  Yes but not known  Yes Section 20  No | | | |

Further details on applicant

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| Section 2 – Details of referring agency |

Q2. Please provide referring agency contact details or tick the box for self-referral

Self-referral

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| --- | --- |
| Organisation Name: |  |
| Referrers Name: |  |
| Job Title/Relationship to applicant: |  |
| Telephone Number: |  |
| Address: |  |
| Email Address: |  |

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| Section 3- Other People/Agencies Involved |

Q3. Please give details of any other agencies or support currently being provided below. They may be contacted to provide further information in support of your application

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| --- | --- |
| Name & Job Title: |  |
| Contact Number: |  |
| Email Address: |  |
| Address: |  |
| Name & Job Title: |  |
| Contact Number: |  |
| Email Address: |  |
| Address: |  |

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| Section 4- Financial Details |

Q4. What is the applicant’s financial status?

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| What is the applicant/s current income: | Job Seekers Allowance  Income Support  Employment Support Allowance  Disability Living Allowance/PIP  Salary  Social Services  None | | | |
| **Amount:** | |  | **Frequency:** |  |
| Has the applicant ever been refused Housing Benefit: | | | | Yes  No |
| If yes, please give details: | | |  | |
| Does the applicant have any outstanding rent arrears: | | | | Yes  No |
| If yes, please give details: | | |  | |
| Does the applicant have any other debts: | | | | Yes  No |
| If yes, please give details: | | |  | |

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| Section 5- Risks |

Q5. To what extent is the applicant at risk of the following? Please provide history (including dates) and current status. Please detail how recent, how severe and how frequently risks occur. Please continue onto separate page if necessary.

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| **Self-Harm:** (e.g. any history, any available current evidence, any conversations with others, date of last episode) | | None  Low  Medium  High | |
| **Please give details:** |  | | |
| **Suicide:** (e.g. individual and family history, expressed intentions, any current or historical triggers, any plans or methods in mind, date of last episode) | | None  Low  Medium  High | |
| **Please give details:** |  | | | |
| **Risk to Others**: (e.g. Physical or sexual abuse of others, violent attitudes or aggressive behaviour, access to weapons, current and historical triggers) | | | None  Low  Medium  High | |
| **Please give details:** |  | | | |
| **Self-Neglect**: (e.g. lack of motivation, not eating and drinking, personal hygiene, basic living skills) | | | None  Low  Medium  High | |
| **Please give details:** |  | | | |
| **Risk from Others:** (e.g. domestic violence, child/sexual, physical, emotional abuse, bullying, racial harassment) | | | None  Low  Medium  High | |
| **Please give details:** |  | | | |

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| **Wellbeing:** (e.g. depression, mental health, current and historical factors, medication, trigger factors, diagnosis, counselling, date of last episode) | None  Low  Medium  High |
| **Please give details:** |  |
| **Arson:** (e.g. expressed intentions, history, trigger factors) | None  Low  Medium  High |
| **Please give details:** |  |
| **Addictions**: (e.g. substance misuse, gambling, sex, history, trigger factors, counselling, date of last episode) |  |
| **Please give details:** |  |

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| Section 5 – Offending Behaviour |

Q6. Please give **ALL** details of the applicants offending history, current status and ASDys risk assessment details from the Probation office where appropriate. **Please note failure to disclose all information could result in the delay of the application being processed. Non-disclosure of crimes could also result in withdrawal of services.**

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| **Have you ever been convicted of a crime (include cautions and warnings):**  **If yes please summarise details below** | Yes  No |

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| **Description of Offence** | **Number of Offences** | **Dates** |

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| **Do you have a current offence?** | | | Yes  No |
| **Please provide details of any current orders and specify if you are being supported by the National Probation Service or the Community Rehabilitation Company and provide contact details of any probation workers:** |  | | |
| **Sentence start/release date:**  **Order start/release date:**  **Is the applicant sentenced or recalled to custody:**  **On order (community based sentence):**  **Released from custody & on license in the community:** |  | | |

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| Section 7 – Current & On-going Support |

Q7. Please indicate below any needs identified.

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| Outcome Description | | Please Tick all that apply |
| Economic success that is shared by all | Maximise income including accessing correct benefits |  |
| Budget/reduce debt and achieve appropriate expenditure |  |
| Obtained furniture and household appliances for their property |  |
| Improve Health and Wellbeing | Access to statutory services |  |
| Understand/address health and hygiene within their home |  |
| Develop and/or maintain physical health |  |
| Access preventative mental health service |  |
| Access substance misuse (drug & alcohol) services |  |
| Access appropriate accommodation |  |
| Encouraging healthy eating |  |
| Communities that are safe and feel safe | Maintain and understand a tenancy, license or occupancy agreement |  |
| Identify and manage risk |  |
| Service users supported to address anti-social behaviour |  |
| Service users supported to avoid causing harm to others |  |
| Address and understand the dangers of self-harm |  |
| Supported through the criminal justice system |  |
| Access specialist services in relation to being a victim of crime |  |
| Comply with statutory orders |  |
| Manage stress and/or cope with a history of abuse |  |
| Attended the Freedom or other Domestic Abuse specific Programme |  |
| Access advocacy services |  |
| Support to combat hate crimes due to ethnicity or sexual orientation |  |
| Safeguarding- Recognising safety in the community |  |
| Access legal services |  |
| Stronger Communities | Access employment |  |
| Access training/education |  |
| Develop basic numeracy and literacy skills |  |
| Access social, cultural and leisure activities |  |
| Access volunteering opportunities |  |
| Develop and/or maintain relationships with neighbours |  |
| Establish or maintain appropriate networks |  |
| Access transport systems |  |
| Become involved with local decision making |  |
| Understand/Address equality and diversity issues |  |
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Please give a brief description of the applicant’s current situation and the current support they are receiving. Please also include what support you think they/you would benefit from going forward.

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| Section 8- Signature Declaration, consent to share information & engage with support |

* **I confirm the information given on this form is true and up to date. I understand that it may affect my application to access accommodation based support if the information provided is wrong or misleading**
* **I understand that the information I have given on this application form will be shared with other relevant agencies as part of the START allocation meetings and solely for the purpose of assessing my eligibility for accommodation based support. This may be done without further reference to me.**
* **I understand that in some cases the law may require that information has to be shared with other organisations without my consent.**

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| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |
| Referring Agent Signature: |  | Date: |  |

* I confirm that I am willing to engage with the support that is offered in this type of accommodation
* I understand that refusal to engage with support could lead me to lose this type of accommodation
* I understand and accept that the offer of supported accommodation could be anywhere in the Borough

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| Applicant Signature |  | Date: |  |

**If this service user does not sign both parts of this application form it cannot be considered and will be returned for signatures.**

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| Additional Information |

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| **Equal Opportunities Monitoring Form** |

We are committed to eliminating discrimination. To help us monitor our equal opportunities policies, would you please provide the information requested below. The information will be treated in the strictest of confidence and will only be used to monitor our ability to provide services to all sectors of the community.

|  |  |
| --- | --- |
| **Ethnic** **Group** (please tick one box only):  **White**  British (including Scottish & Welsh)  Irish  Travellers  Other White background (please specify)  ………………………………………………………  **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other mixed background (please specify)  ……………………………………………………..  **Gender**  Male  Female  Transgender  Do not wish to disclose  **First Language**  English  Other (please specify) ………………………  Translator required  **Age**  16-17  18-25  26-35  36-45  46-55  56-65  66+ | **Asian or Asian British**  Pakistani  Pakistani British  Bangladeshi  Bangladeshi British  Indian  Indian British  Other Asian background (please specify)  ……………………………………………………  **Black or Black British**  Caribbean  Caribbean British  African  African British  Other Black background (please specify)  ……………………………………………………...  Chinese  Japanese  Other (please specify) …………………..  **Sexual Orientation**  Lesbian  Gay  Heterosexual (straight)  Bi-sexual  **Religion**  Christian  Buddhist  Muslim  Sikh  Hindu  No religion  Atheist  Do not wish to disclose  Jewish |