



APPLICATION FOR HOUSING AND SUPPORT REFERRAL DOCUMENT

Client name (print)

Sign

Date

Person making the referral

Signature of referrer

Referring agency

Contact telephone number of referring agency

How long have you know the client

In what capacity do you know the client

I, the person seeking accommodation, give my authority for the staff of GCS Support Services to make whatever enquiries are necessary before and during any future accommodation within the project.

Please ensure the client signs the referral.

The client must be able to provide two forms of identification. No offer of accommodation will be made without the identification being produced.

PART 1

Personal Details



Surname

First name

Date of Birth Age

National Insurance Number Gender

Religion Ethnicity

Marital Status Contact Number

Current Address

If no fixed abode please state where the client spent last night

Next of Kin

Name

Address

Relationship Contact Number

Has the client entered the UK in the last 2 years? YES NO

If this was to seek asylum please state when and the date asylum was granted and for how long.

Date entered the UK

PART 1



Personal Details (continued)

<input type="checkbox"/> Income support	<input type="checkbox"/> Job seekers allowance	<input type="checkbox"/> Employment support
<input type="checkbox"/> State pension	<input type="checkbox"/> Pension (other)	<input type="checkbox"/> Disability living allowance / PIP
<input type="checkbox"/> Salary	<input type="checkbox"/> Other income (please state)	<input type="text"/>
<input type="checkbox"/> Universal credit		

If in receipt of universal credit, what date of the month is the applicants universal credit paid?

PART 2

Accommodation History

Please give address history, from the last current and previous five years. Include landlord/owners address and contact number.

Address	Date to / from	Landlord's details	Reason for leaving. Please give details of any rent arrears

PART 3



History Assessment

Please answer all questions truthfully

Does the client have a history of substance misuse?

Yes No

Please include any current DTTO or DRR programme. If yes give details

Has the client had a history of alcohol abuse?

Yes No

Please include any current alcohol abuse issues. If yes give details

Has the client ever committed an act of violence?

Yes No

If yes give details

Does the client have history of Criminal activity?

Yes No

Please include ASRO details where applicable.

If yes give details and please attach a current risk assessment

Is the client subject to a current Anti-Social Behaviour Order (ASBO)

Yes No

If yes give details of any previous ASB

Has the client a history of any Mental Health Issues

Yes No

Has the client a history of Self-harm?

Yes No

Is the client Pregnant

Yes No

(If yes when is the EDD)

If you answered yes to any of the above then please include any periods of time in hospital or detoxification and periods of custodial sentences.

Dates from	Dates to	Location

PART 4

Supported Housing History



Has the client ever lived in supported accommodation previously? If yes please give details including dates, include why the support was needed. *Please include support needs at the previous accommodation*

Please specify why the client requires supported accommodation? *For example previous failed tenancy, addiction, asylum seeker understands little English, leaving institution, Homelessness.*

Please indicate the type of support your client will require.

Requires access to support on site for the majority of the time i.e. 24 hours a day

May require support more intensively when in crisis but could manage with support provided during office hours

Can manage with visiting support provided once or twice weekly

Has the client previously been refused a placement in any supported accommodation? *If yes please give details. Failure to disclose any relevant information will result in the termination of any accommodation offered.*

Is the client aware that the accommodation applied for is supported housing and that the support offered forms an integral part of any accommodation that maybe offered? Yes No

Failure to engage regularly with the support workers and services available will result in the withdrawal of accommodation offered.

Has the client previously applied to GCS Support Services for accommodation? If yes please give approximate dates even if the client was refused accommodation.

Has the client any other outstanding applications for supported housing with any other provider? If yes please give details.

1

2

PART 5 Additional Support



Social Worker / Relevant People

Has the client a substance worker
Address / contact number

Yes No

Has the client a CPN
Address / contact number

Yes No

Has the client an alcohol worker
Address / contact number

Yes No

Has the client a probation officer
Address / contact number

Yes No

PART 6 Further Information

Has the client committed a criminal offence in the past 3 years? If yes please give details.

Has the client ever been convicted of a schedule one offence? (Schedule one of the Children and Young Persons Act 1993). If yes please give details.

Failure to disclose information will result in the immediate termination of any accommodation offered

PART 6

Further Information (continued)



Has the client ever been convicted of an arson offence? If yes please give details.

Has the client lived in the Salford area prior to this referral. If no, what are the clients reasons for applying for accommodation in the Salford area?

Has the client made any applications to any local authority for accommodation. If yes, please give details. **Please note that if an offer of accommodation is accepted, the applicant will not be eligible for rehousing with Salford City Council.**

Please use this space for any other information / personal aspirations you feel would be relevant to this referral. Continue on a separate sheet if required with reference to the summary of support required.

Please include why the client requires the support identified.

PART 7

Support Needs Assessment



This section helps you to think about the support you need to help you successfully move from your current situation to full independence, enabling you to manage your own tenancy and access services confidently. Please indicate on the scale below how much support you think you need: 0 would be no support, 10 would be intensive support.

HOUSING RELATED SUPPORT

History of homelessness	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Finding/securing suitable accommodation	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Accessing furniture	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Managing your accommodation	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Resettlement into the community	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Previous rent arrears	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>

LIFE SKILLS

Laundry	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Cooking / meal planning	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Personal hygiene	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Time management	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Managing disputes	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Managing substance issues	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Alcohol issues	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Higher education	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Numeracy / literacy	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Locating social / training activities	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>

PART 7

Support Needs Assessment (continued)



FINANCIAL SUPPORT

Debts	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Budgeting	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Benefit advice	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Living on a limited budget	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>

EMOTIONAL SUPPORT

Stress	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Raising self-esteem	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Confidence building	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Depression	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Religious and cultural	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>
Rebuilding family relationships	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>

PART 8

Declaration



To enable GCS Support Services staff to proceed with this referral, the service user should read or have read to them the full contents of the referral, so they understand the information given, and the document should be signed and dated.

GCS Support Services may be required to share this information with external support agencies; these agencies may include Salford or Bury Housing Benefit Departments, Previous Housing Providers, Probation Service, Social Services, Mental Health Services. Tthe list is not exhaustive and we may also be required to consult with other agencies in order to provide the client with the necessary appropriate services. The exchange of this information will be ongoing to enable GCS Support Services to continue to provide the service to meet the needs of the service user. At times we may also use the information for service planning, monitoring service and research.

GCS Support Services is an equal opportunities, none-judgemental Supported Tenancy Service, which provides accommodation and support to individuals who meet the eligibility criteria and require a support service. The aim of GCS Support Services is to provide supported accommodation for the service user while promoting equality, empowerment and stability into their lives.

All information given about the service user will be collected so as to enable GCS Support Services to assess the applicant and ensure that the project and accommodation available is suitable to their support needs. All the information given will be held in confidence and access is available to the service user should they so require. Failure to disclose information or to provide false information may result in the referral being refused, or the loss of any subsequent accommodation offered.

This section to be completed by the client where possible

I

Agree Disagree to this referral being made on my behalf.

Comments

Signature of client

Date

PART 9 Risk Assessment



To enable us to process the referral please complete the risk assessment below.

Potential Risk	High	Medium	Low	NONE
Violence to staff				
Violence to other residents				
Violence to the general public				
Violence to visitors				
Violence to others (please specify)				
Risk of self harm				
Self neglect				
Alcohol abuse				
Substance misuse				
Non-compliance with medication				
Arson				
Theft				
Damage to property				
Vulnerable to abuse by others				
Serious anti-social behaviour				
Inappropriate sexual behaviour (please specify)				
Risk of suicide				
Threatening behaviour				
Unusual behaviour (please specify)				
Other (please specify)				

PART 10
EQUAL OPPORTUNITIES



GENDER

Male Female Prefer not to say

Prefer to self-describe

DISABILITY

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? I.e. do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

Yes No

ETHNIC ORIGIN

WHITE

British, English, Northern Irish, Scottish or Welsh Irish Irish Traveller or Gypsy

Another white background

Prefer not to say

MIXED OR MULTIPLE ETHNIC

White & Black Caribbean White & Black African White & Asian Prefer not to say

Other mixed background

ASIAN OR ASIAN BRITISH

Indian Pakistani Bangladeshi Chinese Prefer not to say

Other Asian background Please state

BLACK OR AFRICAN BLACK BRITISH OR CARIBBEAN

Caribbean African Prefer not to say

Other black background Please state