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| **U:\HOUSING RELATED SUPPORT REVIEW\17. Mobilisation\3. Gateway\1. DESIGN AND PLANNING\Logo\logo final.jpg** | **Request for Housing Support** | **Date of Request:** |

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| **Section 1 – Housing Support Needs** |

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| **Please indicate type of support required:** | |
| Accommodation with support |  |
| Visiting housing support |  |
| Accommodation as a result of fleeing domestic violence / abuse |  |

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| **Section 2 – Client Consent Affirmed** |

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| Has client consent been given? Yes ☐ (If no consent, please obtain before proceeding) |
| * This is a request to be provided with Housing Related Support. The information as far as I know is true. * I have received consent for this information to be sent and shared with other relevant organisations who may support my client. |

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| Who is the primary contact to speak to about this request? | | | Applicant |  | | Referrer | |  | Other  *Please State* | |  |
| Name |  | Relationship | | |  | | | | | | |
| Email |  | | | | | | Telephone | | |  | |

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| **Section 3 – Applicant Details** |

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| First Name |  | | | | | | | | | | | | | | Surname | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | NI Number | | | | | |  | | | | | | | | | | | | | | NHS Number | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode |  | | | | | Preferred contact number(s) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other family at the address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No. of dependents | | | | | | | | | | |  |
| Tenure |  | Local Authority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Registered Social Landlord | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Temporary accommodation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Private landlord | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Living with family / friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No Fixed Address: rough sleeping / sofa surfing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Owner occupier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Language | English | |  | | | | French | | | |  | | | | | | | German | | | | | | |  | | | | | | | | Hungarian | | | | | | |  | | | | | Italian | | | |  | | | |
| Polish | |  | | | | Spanish | | | |  | | | | | | | Turkish | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |
| Cantonese | | | |  | | | | Chinese | | | |  | | | | | | Japanese | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | |  | | |  | | |
| Bengali | | |  | | | | Hindi | |  | | | | | | Punjabi | | | | | | |  | | | | | | Sindhi | | | | | | | |  | | Urdu | | | | | | | | |  | | | | |
| Afrikaans | | | |  | | | | Sudanese | | | | | | | |  | | | | Arabic | | | | | | | | |  | | | | Hebrew | | | | | | | |  | | | | Russian | | | | |  | |
| Is an interpreter required? | | | | | | | | | | | | | Yes | | | | | | | |  | | No | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | |

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| **Section 4 – Other Involved Professionals** (where applicable) |

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| **Worker / Service** | **Name** | **Contact Number** |
| Carer or significant other |  |  |
| Psychiatrist |  |  |
| GP |  |  |
| CMHN |  |  |
| OT |  |  |
| Social Worker |  |  |
| Drop-in or Day Centre |  |  |
| Other |  |  |

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| **Section 5 – Hazards and Risks** |

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| **Which of the following should we consider when working with this applicant?** *(tick all that apply)*  *We will contact you for further information if required* | | | | | | | | |
| Risk to staff |  | Applicant is subject to: | | | | | | |
| Risk to self |  | MAPPA | 1 |  | 2 |  | 3 |  |
| Risk to property |  | MARAC |  | | | | | |
| Risk to wider community |  | CAF |  | | | | | |
| Violence, harassment, abuse |  | CTO |  | | | | | |
| Domestic / sexual abuse |  | Probation |  | | | | | |
| Arson / Fire |  |  | | | | | | |
| Offending history |  |  | | | | | | |
| Alcohol / drug use |  |  | | | | | | |
| Other vulnerability: eg, mental / physical health, financial |  |  | | | | | | |
| Safeguarding |  |  | | | | | | |
| Any other risks |  |  | | | | | | |

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| Are there any precautions required regarding lone working? | Yes |  | No |  | Don’t Know |  |

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| **Referrer Details** *(where applicable)* | | | | | | | | | | | | | | | |
| Name |  | | | Organisation | | | | | |  | | | | | |
| Position | |  | | | | | | | | | Telephone | | | |  |
| Email | | |  | | | | | | | | | | | | |
| Does applicant know you have referred them? | | | | | Yes | |  | | No | | | |  | | |
| Would you like to be invited to the assessment? | | | | | | Yes | |  | | | | No | |  | |
| Length of time you have known the applicant | | | | |  | | | | | | | | | | |

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| **Equal Opportunities Monitoring** | | | | | | | | | | | | | | |
| We need to make sure that we are providing an accessible service that helps all vulnerable people in Leeds who require housing support. To do this we must monitor the referrals that we receive to make sure that we are reaching all sections of society. The information will be used for monitoring and statistical reasons only.  You are under no obligation to provide this information and it will not make any difference to the service you receive if you do not answer them. | | | | | | | | | | | | | | |
| ***Gender:*** | | | | **Transgender:** | | | | | | | | | | |
| Male | Female | | | Yes | | | | | | No | | | | |
| *How do you identify yourself?:* | | | | | | | | | | | | | | |
| Male | | | | | | | Female | | | | | | | |
| Sexuality: | | | | | | | | | | | | | | |
| Lesbian | | | | | Gay | | | | | | | Heterosexual | | |
| Bisexual | | | | | Other | | | | | | | I prefer not to say | | |
| *Please indicate which best describes your ethnic origin:* | | | | | | | | | | | | | | |
| I prefer not to say | | | | | | | | | | | | | | |
| **White** | | **Mixed** | | | | **Asian or British Asian** | | | **Black or Black British** | | | | | **Other Ethnic Group** |
| British | | White and Asian | | | | Bangladeshi | | | African | | | | | Arab |
| Irish | | White and Black African | | | | Chinese | | | Caribbean | | | | | Gypsy or Traveller |
| Other | | White and Black Caribbean | | | | Indian | | | Other | | | | | Other |
|  | | Other | | | | Kashmiri | | |  | | | | |  |
|  | |  | | | | Pakistani | | |  | | | | |  |
|  | |  | | | | Other | | |  | | | | |  |
|  | | | | | | | | | | | | | | |
| *Do you consider yourself to be disabled?* | | | | | | | | | | | | | | |
| Yes | | | | | | | | No | | | | | | |
| ***If you have said yes, you consider yourself to be disabled, what is the nature of your impairment?***  *(Please circle)* | | | | | | | | | | | | | | |
| Physical | | | | | Visual | | | | | | Hearing | | | |
| Mental Health | | | | | Learning Disability | | | | | | Long-standing Illness or Health Condition | | | |
| I prefer not to say | | | | | | | | | | | | | | |
| ***Do you have a religion:*** *(Please circle)* | | | | | | | | | | | | | | |
| Christian | | | | | Buddhist | | | | | | None | | | |
| Hindu | | | | | Muslim | | | | | | Other | | | |
| Sikh | | | | | Jewish | | | | | | I prefer not to say | | | |
| ***What is your relationship status:*** *(Please circle)* | | | | | | | | | | | | | | |
| Married | | | | | Co-habiting | | | | | | Other | | | |
| Civil Partnership | | | | | Single | | | | | | I prefer not to say | | | |
| ***What is your residency status:*** *(Please circle)* | | | | | | | | | | | | | | |
| British Citizen | | | EU National | | | | | Refugee | | | | | Other | |
| Asylum Seeker | | | Foreign Student | | | | | Destitute | | | | | Did not want to state | |
| *Do you consider yourself to be a carer?* (Please circle) | | | | | | | | | | | | | | |
| Yes | | | | | | | | No | | | | | | |