

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 <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Disability	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify:			

Ethnic Origin – Please choose one of the following:			
White: British <input type="checkbox"/>	White: Irish <input type="checkbox"/>	White: Other <input type="checkbox"/>	
Black or Black British: African <input type="checkbox"/>	Black or Black British: Caribbean <input type="checkbox"/>	Black or Black British: Other <input type="checkbox"/>	
Asian or Asian British: Bangladesh <input type="checkbox"/>	Asian or Asian British: Indian <input type="checkbox"/>	Asian or Asian British: Pakistani <input type="checkbox"/>	
Asian or Asian British: Chinese <input type="checkbox"/>	Asian or Asian British: Other <input type="checkbox"/>		
Mixed: White and Black Caribbean <input type="checkbox"/>	Mixed: White and Black African <input type="checkbox"/>	Mixed: White and Asian <input type="checkbox"/>	
Other Ethnic Group: Arab <input type="checkbox"/>	Other Ethnic Group: Other <input type="checkbox"/>	Gypsy/Romany/Irish Traveller <input type="checkbox"/>	
Does not want to disclose <input type="checkbox"/>			

Applicant's Household Status and Details (please tick one and provide any details below)			
Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Family <input type="checkbox"/>	Lone Parent <input type="checkbox"/>
Names of those who will live with the applicant		Relationship	Date of Birth

Why do you need accommodation and/or support?

Source of Income			
Benefits <input type="checkbox"/>	Earned Income <input type="checkbox"/>	No Income <input type="checkbox"/>	
If you currently have no income, are you entitled to receive benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>

Where or from whom did you hear about Community Campus?

Have you had any involvement with Social Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

Have you had any involvement with the Police/Criminal Justice System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

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

Declaration

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

Signed: _____

Date: _____

Referral Agency Details

Referral Agency	
Contact Name	
Address	
Contact Number	
Email Address	

Other Agencies Involved

Agency	Contact Name	Telephone Number
Social Worker <input type="checkbox"/>		
Probation/YOS Worker <input type="checkbox"/>		
CPN/Psychiatrist <input type="checkbox"/>		
Health Visitor <input type="checkbox"/>		
Substance Misuse Agency Worker <input type="checkbox"/>		
Other Support Worker <input type="checkbox"/>		
How long have you known the applicant?		
How long do you expect to be working with the applicant?		
Does the applicant have a support/care plan with the referring agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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:-

Middlesbrough

Janet Alder janet.alder@cc87.co.uk
St Mary's Centre, 82-90 Corporation Road, Middlesbrough, TS1 2RW
01642 247209/253865