

ONE CIC

Housing & Support

Application Form for Housing & Support

Please answer all the questions as honestly as possible to enable us to help you as much as possible with your application for housing and support.

Who is filling in this form?

A: You

B: Both you and someone else together

If you need this form in a different format or language, please contact:
ONE CIC Housing & Support on FREEPHONE 0800 6529 662

1: About You

Date of referral:

First Name:

Last Name:

Gender:

Date of Birth:

Any previous names you have been known by?

Current Address:

Post Code:

Contact number:

Email:

National Insurance Number:

Nationality:

Language spoken:

Do you need an interpreter?

Yes

No

2: Supporting Organisation / Referrer

If you are an organisation supporting this application, please complete the following section:

Name of Organisation:

Name of person completing this section:

Relationship to applicant:

Address:

Contact number:

Email:

Are you completing this whole form on behalf of the applicant?

Yes

No

Please tell us in what capacity and for how long you have known the applicant?

Please tell us what you think the applicant's housing and support needs are:

Signed (person completing this section)

For the applicant: Is it ok for us to contact this person/organisation?

Yes

No

3: Homelessness

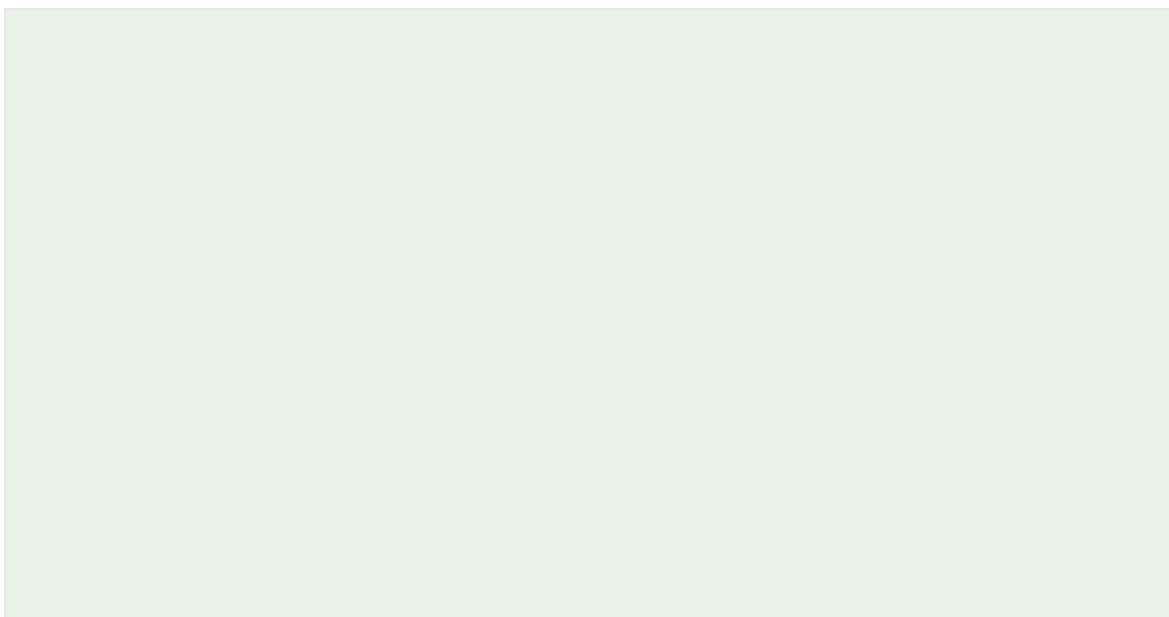
Are you homeless or at risk of homelessness or living in unsuitable accommodation at the moment? Please give us details:

Which areas do you think you need support to enable you to keep your tenancy, keep safe and lead the life you want: please tick as appropriate:

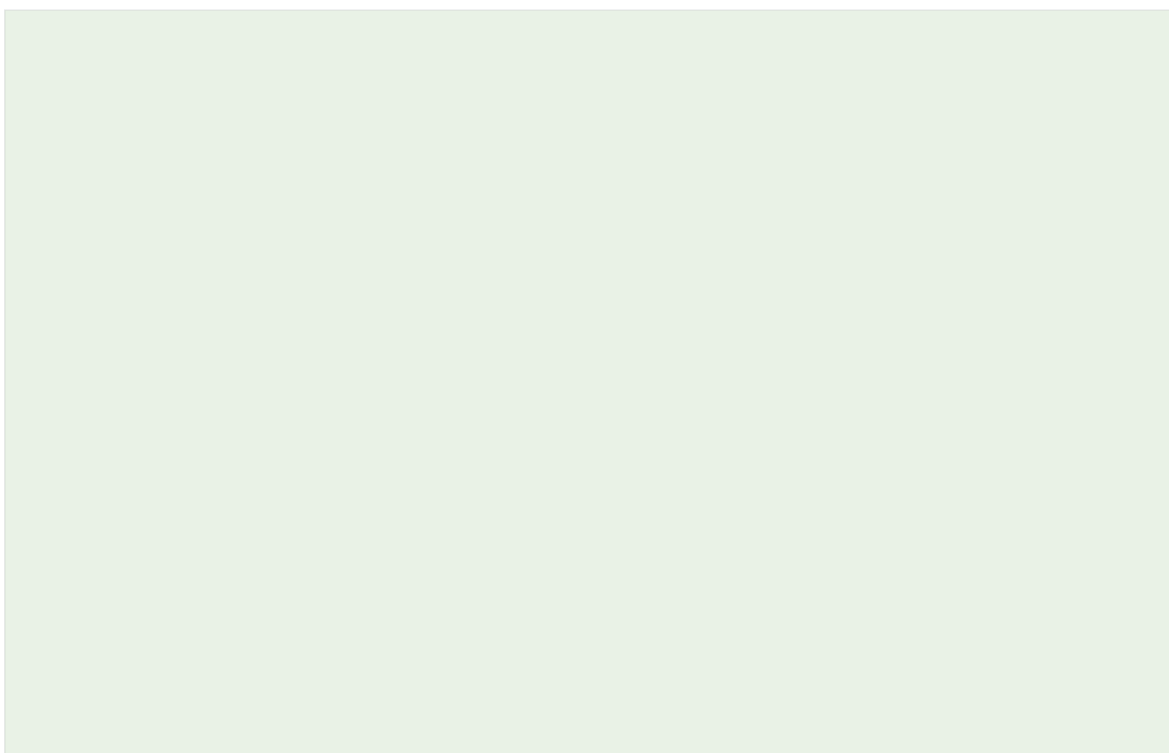
- | | | |
|-----|--------------------------------------|--------------------------|
| 1. | Motivation and taking responsibility | <input type="checkbox"/> |
| 2. | Selfcare and living skills | <input type="checkbox"/> |
| 3. | Managing money | <input type="checkbox"/> |
| 4. | Social networks and relationships | <input type="checkbox"/> |
| 5. | Drug or alcohol use | <input type="checkbox"/> |
| 6. | Physical health | <input type="checkbox"/> |
| 7. | Emotional and mental health | <input type="checkbox"/> |
| 8. | Meaningful use of time | <input type="checkbox"/> |
| 9. | Managing tenancy and accommodation | <input type="checkbox"/> |
| 10. | Offending | <input type="checkbox"/> |
-

3: Homelessness (continued)

Please explain why you need support in these areas?



Do you have any medical conditions or disabilities you'd like to let us know about?



4: Accommodation

Have you had your own tenancy before?

Yes

No

Please tick any or all boxes - which type of accommodation would be most suitable:

• A shared house with other tenants

• My own place living on my own

• Ground floor

• First floor or above

• Do you need a:

Bath

Shower

Both

Please list any accessibility requirements:

If you are requesting to live with a pet please tell us what type? (this is on a case by case basis and will have to be discussed during your initial assessment).

Type of pet?

Which area are you applying for?

Choice 1

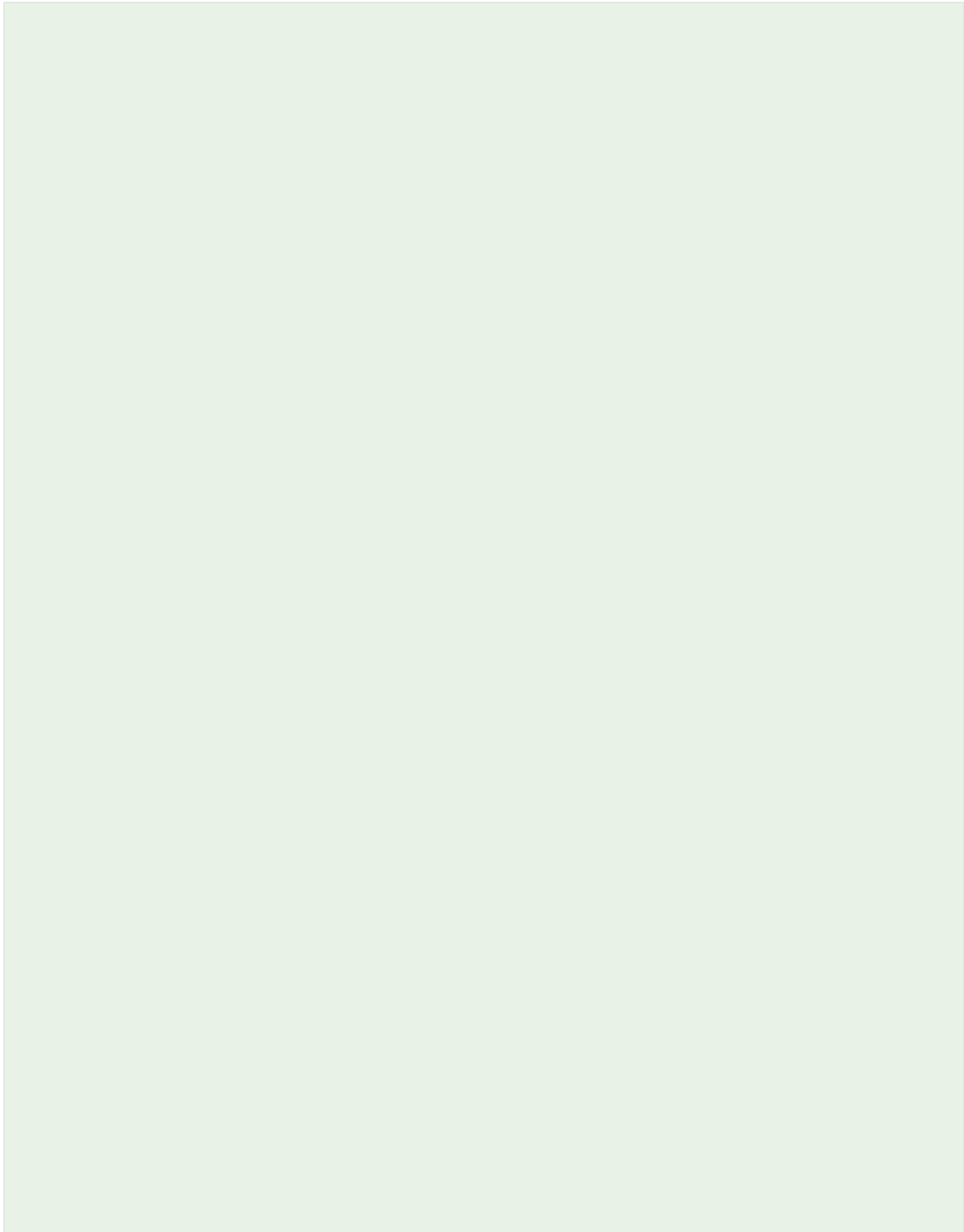
Choice 2

Choice 3

Are there any areas you need to avoid?

4: Accommodation (continued)

Please list any local connections you have to the area in which you want to live (family, friends etc):



5: Safety / Risk Assessment

Have you ever been involved, committed or experienced any of the following safety issues:

1: Verbal aggression?

Yes

No

Date:

Please give a brief description of situation:

2: Domestic violence?

Yes

No

Date:

Please give a brief description of situation:

5: Safety / Risk Assessment (continued)

3: Physical Abuse?

Yes

No

Date:

Please give a brief description of situation:

4: Mental Health Disorders?

Yes

No

Date:

Please give a brief description of situation:

5: Safety / Risk Assessment (continued)

5: Drug / Alcohol Abuse?

Yes

No

Date:

Please give a brief description of situation:

6: Trafficking and Exploitation?

Yes

No

Date:

Please give a brief description of situation:

5: Safety / Risk Assessment (continued)

7: Offending?

Yes

No

Date:

Please give a brief description of situation:

8: Financial Abuse?

Yes

No

Date:

Please give a brief description of situation:

5: Safety / Risk Assessment (continued)

9: Any other type of abuse ?

Yes

No

Date:

Please give a brief description of situation:

6: Affordability

This is to help work out if you can afford our accommodation:

Are you in employment, education or training?

What benefit or income to you receive, please give us as much information as possible to help us process your application?

Is there anything else you would like to tell us to support your application?

7: Accessibility

Are there any issues we need to consider if we invite you to a face-to-face assessment? (e.g. wheelchair user/visual or hearing impairment etc)

Please sign to say that you agree that this information is true and accurate:

Full name of applicant:

Date:

Thank you for your application.
