



## APPLICATION FORM FOR SUPPORTED HOUSING

Please return the completed application form to:

**Leigh House and Midstays Supported Housing**  
Fairweather, 34 Ashgrove, Great Horton  
Bradford. West Yorkshire. BD7 1BN.

Tel: 01274 410956 or 01274 410957  
Fax: 01274 410956

**Enc:** Complaints/Appeals procedure  Privacy of information statement

### SECTION 1 – GENERAL INFORMATION

#### Scheme applied for

(Please see attached leaflets for more information)

2nd choice (optional)

#### Service User's Details

Applicant's Name:

Date of Birth:

Present Address:

Postcode: \_\_\_\_\_

Telephone No:

Asylum seeker/Refugee: Yes/No

Preferred language:

#### Referral Details

Name of Referrer:

Job Title:

Organisation:

Sector (if applicable):

Address:

Postcode: \_\_\_\_\_

Telephone No:

E-mail address:

**NOTE:** We cannot progress an application for accommodation unless there is enough information to assess the service user's needs and risk.

**SECTION 2 – MONITORING INFORMATION**

Fairweather has a policy of providing equal access to its housing to all groups of people in society. We do not discriminate in respect of race, colour, gender, sexuality, disability, marital status, dependants, political view or creed.

In order that we can process your housing application, we ask you to provide us with the following information about yourself / client. Please complete the questions below. The information will not affect the application in any way.

Fairweather is also required by the Housing Corporation to collect information on its lettings (Supported CORE). Some of the questions in this section are used to collect this information and will not affect your application.

**Who is completing this section?** The Applicant .....  The Applicant’s Representative .....

<b>The Applicant’s Information</b>			
What is your <b>age</b> (in years) .....			
<b>Do you consider yourself to be</b>	<input type="checkbox"/> Not disabled	<input type="checkbox"/> Unregistered disabled	<input type="checkbox"/> Registered disabled
<b>Do you use a wheelchair ...</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you consider yourself to be ... (Please tick only one)</b>			
<b>White ...</b>	<input type="checkbox"/> British <sup>(1)</sup>	<input type="checkbox"/> Irish <sup>(2)</sup>	<input type="checkbox"/> Other <sup>(3)</sup>
<b>Mixed ...</b>	<input type="checkbox"/> White & Black Caribbean <sup>(4)</sup>	<input type="checkbox"/> White & Black African <sup>(5)</sup>	
	<input type="checkbox"/> White & Asian <sup>(6)</sup>	<input type="checkbox"/> Other <sup>(7)</sup>	
<b>Asian or Asian British ...</b>	<input type="checkbox"/> Indian <sup>(8)</sup>	<input type="checkbox"/> Pakistani <sup>(9)</sup>	<input type="checkbox"/> Bangladeshi <sup>(10)</sup> <input type="checkbox"/> Other <sup>(11)</sup>
<b>Black or Black British ...</b>	<input type="checkbox"/> Caribbean <sup>(12)</sup>	<input type="checkbox"/> African <sup>(13)</sup>	<input type="checkbox"/> Other <sup>(14)</sup>
<b>Chinese or other ethnic group ...</b>	<input type="checkbox"/> Chinese <sup>(15)</sup>	<input type="checkbox"/> Other <sup>(16)</sup>	
<b>I prefer not to answer this question</b>	<input type="checkbox"/> <sup>(17)</sup>		

**What type of accommodation do you currently/did you live in?**

**What is the main reason for needing to be housed in the scheme?**

**Client Group / Needs**

Client Group/Needs	Main	Secondary		Main	Secondary
	Tick one	Tick one		Tick one	Tick one
Physical Disability .....	<input type="checkbox"/>	<input type="checkbox"/>	Refugee/asylum seeker .....	<input type="checkbox"/>	<input type="checkbox"/>
AIDS/HIV .....	<input type="checkbox"/>	<input type="checkbox"/>	Young person at risk/leaving care.....	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative and debilitating illness	<input type="checkbox"/>	<input type="checkbox"/>	Vulnerable woman with children .....	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties .....	<input type="checkbox"/>	<input type="checkbox"/>	Woman at risk of domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health related problems.....	<input type="checkbox"/>	<input type="checkbox"/>	Frail older person .....	<input type="checkbox"/>	<input type="checkbox"/>
Drug related problems .....	<input type="checkbox"/>	<input type="checkbox"/>	Single homeless in need of support.....	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related problems .....	<input type="checkbox"/>	<input type="checkbox"/>	Other .....	<input type="checkbox"/>	<input type="checkbox"/>
Leaving penal establishment / probation referral .....	<input type="checkbox"/>	<input type="checkbox"/>			

**Please provide details to any of the above you have ticked:**

**Are you related to or do you have a personal relationship with any staff or Board member of Fairweather?** Yes ...  No ...

Details \_\_\_\_\_

**SECTION 3 – FINANCIAL INFORMATION**

National Insurance Number

\_\_\_\_\_

Economic Status

Do you receive benefits? (If so please give details)

Please detail State Benefits received

Benefit Name	Weekly Amount
	£ :
	£ :
	£ :
	£ :
	£ :

Are you in full or part time work?

Yes...  No.....

If yes, give details below:

\_\_\_\_\_

Does the applicant own any property/land?

Yes...  No.....

Does the applicant currently have any rent arrears?

Yes...  No.....

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

Details \_\_\_\_\_ Amount £ \_\_\_\_\_

**SECTION 4 – REFERRAL INFORMATION**

**TO BE COMPLETED BY THE REFERRER**

What is your relationship to the Applicant?

\_\_\_\_\_

How long have you known the Applicant?

\_\_\_\_\_

Does the Applicant agree to this referral being made? Yes/No

What are the reasons for this referral? (Please continue on a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the applicant’s present support needs?** (Tick all that apply)

- Domestic Violence.....     Eating Disorders .....     Institutionalisation .....
- Learning Difficulties.....     Life Skills (General) .....     Life Skills (Budgeting).....
- Mental Health.....     Offending (Sex).....     Offending (Other) .....
- Physical Disabilities.....     Refugee.....     Substance Misuse (Drugs) ...
- Substance Misuse (Alcohol) .....     Challenging Behaviour .....     Frail older person.....
- Dementia.....     AIDS/HIV.....     Racial harassment.....
- Degenerative Illness.....     Other (Specify)\_\_\_\_\_

Which of the above does the applicant need **most** support with?

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**SECTION 5 – SPECIAL SUPPORT NEEDS**

**Does the applicant have any known history of violent or challenging behaviour?** Yes...  No...   
(i.e. Behaviour that may cause or risk injury to the applicant or others)

If yes, please detail any incidents below:

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Who may we contact for more details about this?

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Does the applicant have any needs or preferences relating to their ethnicity, social / cultural or religious needs?** Yes ....  No.....

If yes, please give details below:

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**SECTION 6 – PHYSICAL HEALTH**

**Please give history of any significant health problems:**

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**SECTION 7 – MENTAL HEALTH**

**Does the applicant have a history of mental health problems?** Yes...  No.....  
 If yes, please provide details (e.g. diagnosis)

**Is the applicant on Care Programme Approach (CPA)?** Yes ....  No.....  
 If YES,  standard or  enhanced

**Please provide a current CPA and Risk Assessment**

**Please detail professional contacts below:**

	Name	Work Base	Frequency of Contact
CPN			
Social Worker			
Probation Officer			
Psychiatrist			
Consultant			
Health Visitor			
District Nurse			
Physiotherapist			
Other: _____ Police DWP Housing Benefit Family			

**Do you consent to us contacting the above agencies in your care for more information, if required?** Yes ....  No.....

**Please detail any medication that the applicant currently takes below:**

Name of Medication	Reason for Taking	Side Effects

**SECTION 8 – OFFENDING**

Does the applicant have a history of offending behaviour? (e.g. arson) Yes...  No.....

If "Yes" please provide details

Is the Applicant on any Sex Offenders Register? Yes...  No...

Details

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Is the applicant subject to any Probation Order/Bail Condition/Supervision? Yes....  No .....

Please provide detail and duration below:

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**SECTION 16 – APPLICANT’S SUPPORTING INFORMATION**

Who completed this section? The Applicant .....  The Applicant’s Representative.....

There is a deposit of £25.00 for keys at the scheme. Will you be able to pay this? Yes.....  No.....

You will need to pay one weeks rent in advance. Will you be able to pay this? Yes..  No.....

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Referrer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

----- For Office Use Only -----

KPA Received Yes  No  Date \_\_\_\_\_

Risk Assessment Received Yes  No  Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_