

Hope into Action Accommodation Referral Form for a Family Household



About this form

This form helps us decide whether the applicant is suitable for our supported accommodation.

Who fills it in?

The referring party (referrer) with the applicant's input if possible. Section 11 may be filled in by the referrer alone. The form must be completed **fully**; if a section is not relevant, please state N/A instead of leaving blank. If you are a church referrer we may call to discuss things further.

OR

An applicant themselves. If something does not apply to you, please write N/A in that section. Self referrals take more time, as we seek information and references. You can choose whether you'd like to fill in Section 11 for yourself or not.

What happens next?

- We will let you know we have received the application.
- If eligible, the applicant will be invited for initial interview. After this they may be invited for further assessment. Please be aware that this process can take several weeks.
- The referring party and/or referee will be informed of the outcome.
- Please note that housing may not be available immediately. Applications may be held on file until vacancies arise.

What if the applicant is not accepted?

The referring agency and/or applicant will be informed, giving reasons for the decision.

Please include the following documents where relevant:

- Mental Health Diagnoses
- CPA (Care Plan Approach)
- MAPP (Multi-Agency Public Protection Arrangements)
- MARAC (Multi-Agency Risk Assessment Conference)
- Risk assessment (including OASys/safecustody or equivalent)
- Pre-sentence report and list of previous convictions including spent convictions
- Prescribed medication sheets
- Two references preferably one personal (such as a minister) and one professional (such as offender manager or employer)

If these documents are available we will need them before interviews can take place. If the above are not available, we require written information equivalent in nature

- Any other information which you feel will support the application

Please return this form to: Angela Short at:

angela.short@hopeintoaction.org.uk

OFFICE USE ONLY	City receiving referral:	Date received	If no vacancies, keep on file until (6 months from date received)
	Name of HIA team member receiving referral	Date acknowledged to referrer/ applicant	Would the applicant like this shared with other HIA cities?

1) Applicant declaration & consent

I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any offer of housing, or if I have already moved into a Hope into Action property you may take legal action, which may result in you asking me to move out.

I understand that withholding any information which raises the risk element of my assessment may also result in me losing my accommodation and support. The first 28 days of my license will act as a 'probationary period.'

I give permission for you to obtain further information from other relevant agencies, which may include Probation, Social Services, local authority housing departments, local authority housing benefit departments, the Police, Local Authority and benefit agencies, amongst others.

Under the Data Protection Act 1998 we are required to obtain consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore you do not have to consent if you don't want your information shared. However, it may be difficult to provide you with the services you need if you do not give your consent.

Signed (applicant 1)		Date	
Print name			
Signed (applicant 2 ¹)		Date	
Print name			

Applicant details

Full name Applicant			
Previous names			
Address			
Postcode		Home phone number	

¹ Only required if a second parent is part of the household being considered in the referral

Mobile number					
N.I. number		Nationality			
Right to remain ID (if required)		Do they have 'right to rent'? ²		No	Yes
UK/ European Passport Number		Other ID seen			
Date of birth		Age		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the same sex you were at birth?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need someone to sign for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need information in Braille?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you have any mobility issues?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details:				
Do you need an interpreter?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which language?:				
Which City would you like to be housed in					
Would you be prepared to move to another city	No <input type="checkbox"/> Yes <input type="checkbox"/> (Please Name City or Cities)				

Full name Applicant 2					
Previous names					
Address					
Postcode		Home phone number			
Mobile number					
N.I. number		Nationality			
Right to remain ID (if required)		Do they have 'right to rent'? ³		No	Yes
UK/ European Passport Number		Other ID seen			
Date of birth		Age		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the same sex you were at birth?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need someone to sign for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need information in Braille?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you have any mobility issues?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details:				
Do you need an interpreter?	No <input type="checkbox"/> Yes <input type="checkbox"/>				

² Please refer to list of required ID and documentation for further clarification

³ Please refer to list of required ID and documentation for further clarification

	If yes, which language?:
Which City would you like to be housed in	
Would you be prepared to move to another city	No <input type="checkbox"/> Yes <input type="checkbox"/> (Please Name City or Cities)

Next of kin details

(Applicant 1) Name	
Relationship to you	
Address	
Phone number	
Are we able to contact them in emergency or if we have concerns? ⁴ (If not who would you like us to contact?)	

(Applicant 2) Name	
Relationship to you	
Address	
Phone number	
Are we able to contact them in emergency or if we have concerns? (If not who would you like us to contact?)	

Children and dependants

Do you have (or have you had) any children? Yes No

Are they 'dependent' at the moment? (are you the primary care giver who gets the child benefit etc)
 Yes No

Do they live with you at the moment? Yes No

Will they live with you if you're accepted for HIA accommodation? Yes No

Do you have other dependants? (eg: someone you care for who is reliant on you?)
Yes No

Are / could you be pregnant or expecting a baby at the moment? Yes No

Please give details for any 'Yes' boxes ticked above (child's names, DOB, living arrangements etc):

Child 1

Child 2

Child 3

⁴ We may need to get in touch, should we think you've abandoned for example, or have concerns for your safety
Hope into Action Bromley Accommodation Referral Form Version: 1 edit 2022

Child 4

Are Social Services, Early Help or any other specialist support involved with your family or any of the children? Yes No

If yes, please give details and contact information:.....

Do any of the children have medical conditions / additional support needs or any disabilities?

Yes No

If yes, please give details including diagnosis, support required or received and medication:

Do any of the children require additional support due to behavioural issues (eg: a care plan at school)? Yes No

If yes, please give details and contact information:.....

Are any of the children violent or aggressive in their behaviour? Yes No

If yes, please give details:.....

Have any of the children ever caused damage to your home or any properties? Yes No

If yes, please give details:.....

Any other information about your children that you wish to disclose or think we should know?

Pets

Animals are not permitted at HIA houses, do you have an pets?

Yes No

2) Applicant's Support needs

Hope Into Action provide **SUPPORTED** accommodation. Please tick as many boxes as you like, whether they are areas in which you feel you **NEED** support or are **CURRENTLY RECEIVING** support in: (This will create your action plan, so please be honest and only tick the areas in which you are **WILLING** to address)

If there are 2 adult applicants, use initials to differentiate ticks

Tenancy	Keeping your room/home safe, clean and tidy	<input type="checkbox"/> <input type="checkbox"/>	Learning how to cook	<input type="checkbox"/> <input type="checkbox"/>
	Warnings or evictions	<input type="checkbox"/> <input type="checkbox"/>	Arranging repairs	<input type="checkbox"/> <input type="checkbox"/>
Crime	Offending behaviour	<input type="checkbox"/> <input type="checkbox"/>	Violent / aggressive or threatening behaviour	<input type="checkbox"/> <input type="checkbox"/>
Health – substance misuse	Drug reduction programme	<input type="checkbox"/> <input type="checkbox"/>	Alcohol problems	<input type="checkbox"/> <input type="checkbox"/>
Health – physical & mental	Getting a doctor	<input type="checkbox"/> <input type="checkbox"/>	Depression/ Anxiety	<input type="checkbox"/> <input type="checkbox"/>
	Exercise	<input type="checkbox"/> <input type="checkbox"/>	Hygiene	<input type="checkbox"/> <input type="checkbox"/>
	Disability issues	<input type="checkbox"/> <input type="checkbox"/>	Mental health & wellbeing (includes counselling, specialist support or general improvements)	<input type="checkbox"/> <input type="checkbox"/>
Meaningful use of time & volunteering	Volunteering	<input type="checkbox"/> <input type="checkbox"/>	Interests / hobbies	<input type="checkbox"/> <input type="checkbox"/>
	Short courses for leisure	<input type="checkbox"/> <input type="checkbox"/>	'Giving back'	<input type="checkbox"/> <input type="checkbox"/>
Employment, education, training	Employment	<input type="checkbox"/> <input type="checkbox"/>	Training	<input type="checkbox"/> <input type="checkbox"/>
	Education	<input type="checkbox"/> <input type="checkbox"/>	Job applications & CVs	<input type="checkbox"/> <input type="checkbox"/>
	Literacy / numeracy	<input type="checkbox"/> <input type="checkbox"/>	Gaining basic qualifications (e.g. English, Maths)	<input type="checkbox"/> <input type="checkbox"/>
Social & family relationships, inc. support networks	Family links (this may include drawing closer or pulling away depending on their influence)	<input type="checkbox"/> <input type="checkbox"/>	Making new friends (and positive influences)	<input type="checkbox"/> <input type="checkbox"/>
	Re-establishing or maintaining contact with children	<input type="checkbox"/> <input type="checkbox"/>	Gaining custody or contact of children	<input type="checkbox"/> <input type="checkbox"/>

	Other social networks <input type="checkbox"/> <input type="checkbox"/>	Isolation <input type="checkbox"/> <input type="checkbox"/>
Finance & budgeting	Paying rent / bills <input type="checkbox"/> <input type="checkbox"/>	Claiming benefits <input type="checkbox"/> <input type="checkbox"/>
	Budgeting <input type="checkbox"/> <input type="checkbox"/>	Clearing debts <input type="checkbox"/> <input type="checkbox"/>
Diversity	Cultural needs <input type="checkbox"/> <input type="checkbox"/>	Religion / faith <input type="checkbox"/> <input type="checkbox"/>
	Sexual orientation/ identity <input type="checkbox"/> <input type="checkbox"/>	
Other	Domestic abuse <input type="checkbox"/> <input type="checkbox"/>	Legal matters not related to offending <input type="checkbox"/> <input type="checkbox"/>
	Gambling <input type="checkbox"/> <input type="checkbox"/>	Help with language <input type="checkbox"/> <input type="checkbox"/>

Please state any other areas in which you need support: INCLUDING AREAS OF SUPPORT THE CHILDREN MAY HAVE OR LINKED TO YOUR PARENTING OR FAMILY LIFE

3) Current accommodation details⁵

<input type="checkbox"/> No fixed abode	<input type="checkbox"/> Rehab unit	<input type="checkbox"/> Private rented
<input type="checkbox"/> Rough sleeping	<input type="checkbox"/> Prison	<input type="checkbox"/> Council tenancy with _____
<input type="checkbox"/> Sofa surfing	<input type="checkbox"/> Hospital	<input type="checkbox"/> Housing association tenancy with _____
<input type="checkbox"/> Friends / family	<input type="checkbox"/> Foster care	<input type="checkbox"/> Hostel provided by _____
<input type="checkbox"/> Parental home	<input type="checkbox"/> Bed & breakfast	<input type="checkbox"/> Supported housing with _____

Housing History

Applicant 1. Have you ever lived in shared accommodation? (Not including friends / family)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what was your experience like?	
Have you ever lived in independent accommodation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give details, including dates, type of housing and reason for loss of tenancy	

⁵ Please initial ticks if different applicants have different answers

Applicant 2. Have you ever lived in shared accommodation? (Not including friends / family)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what was your experience like?			
Have you ever lived in independent accommodation?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please give details, including dates, type of housing and reason for loss of tenancy			
Where have you lived for AT LEAST the past five years? (Include any hospital or prison stays)			
Applicant 1			
Address	From	To	Reason for leaving
Have you ever been evicted?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, was the eviction for any of the following reasons:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because you were violent		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because you were harassing someone		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because of non-payment of rent		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because you were drug taking / dealing		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because of noise nuisance		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Because of ASB		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Where have you lived for AT LEAST the past five years? (Include any hospital or prison stays)			
Applicant 2			

Have you ever been evicted?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, was the eviction for any of the following reasons:		
Because you were violent		<input type="checkbox"/> No <input type="checkbox"/> Yes
Because you were harassing someone		<input type="checkbox"/> No <input type="checkbox"/> Yes
Because of non-payment of rent		<input type="checkbox"/> No <input type="checkbox"/> Yes
Because you were drug taking / dealing		<input type="checkbox"/> No <input type="checkbox"/> Yes
Because of noise nuisance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Because of ASB		<input type="checkbox"/> No <input type="checkbox"/> Yes
Which local authority do you have the greatest local connection with? (Initial if 2 different answers)		
Are you on a local authority housing register? (Initial if 2 different answers)	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which one?	
If yes, please include a copy of the housing application and bidding /homelink number: (Initial if 2 different answers)		
Have you applied to any other supported housing? (Initial if 2 different answers)	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details of agencies and responses received.	

4) Offending history – if none, please tick and move to section 5:

Please state applicant's current sentence or give details of most recent sentence. Please use applicant's initials if more than one applicant is being referred

<input type="checkbox"/> Prison	Offence:	Length of sentence:	Prison number:
	Likely release date and type of release:		
	Name and address of prison:		
	Offender manager / probation details so we can receive and OAYSYS report:		
<input type="checkbox"/> Community Order <input type="checkbox"/> Suspended Sentence Order	Offence:	Please tick all that apply:	
	<input type="checkbox"/> Unpaid Work <input type="checkbox"/> Prohibited Activity <input type="checkbox"/> Specified Activity <input type="checkbox"/> Exclusion <input type="checkbox"/> Programme <input type="checkbox"/> Curfew <input type="checkbox"/> Residence <input type="checkbox"/> Supervision <input type="checkbox"/> Attendance Centre <input type="checkbox"/> Mental Health Requirement <input type="checkbox"/> Drug Rehabilitation <input type="checkbox"/> Alcohol Treatment		
Start date:		Finish date:	

<input type="checkbox"/> Licence	Offence: <input type="checkbox"/> Young Offender <input type="checkbox"/> Extended Licence <input type="checkbox"/> Home Detention Curfew <input type="checkbox"/> Life Licence Start date: _____ Finish date: _____
----------------------------------	--

Please provide details of past offences, crimes or investigations:

Please use applicants initials if more than one applicant is being referred

Do you have any history of the following:	Tick all that apply Arson: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk to children: Yes <input type="checkbox"/> No <input type="checkbox"/> Sex offences: Yes <input type="checkbox"/> No <input type="checkbox"/> Offense against vulnerable adults: Yes <input type="checkbox"/> No <input type="checkbox"/> Violence (ABH/ GBH/ DA etc) : Yes <input type="checkbox"/> No <input type="checkbox"/> Child Protection Issues: Yes <input type="checkbox"/> No <input type="checkbox"/> Supply of Illegal Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you registered under the sex offenders Registration Act (1997)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you or do you think you may be on the barred list for working with children or vulnerable adults?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you on a MARAC. If Yes, please give details of IDVA:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you on a MAPP. If Yes, please give details of level:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of previous offences (or attach list of previous convictions)	Date	Offence(s)	Sentence received or decision made
Please list any court cases/police investigations pending/ongoing, TIC or state none			

Substance use

Please use applicants initials if more than one applicant is being referred

Substance users must be stable or addressing their drug / alcohol misuse in a planned approach via support services. This is because of the difficulty managing health and safety problems caused by chaotic substance users in shared residential environments.

<p>Applicant 1. Are you using, abusing or have you ever used, any of the following?</p>	<p>Current Previous Never</p>
Alcohol	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amphetamines (speed)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cannabis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spice / Mamba	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cocaine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Crack Cocaine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Crystal Meth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ecstasy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heroin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Opiates/Opioids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketamine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
'Legal highs', i.e. New Psychoactive Substances (NPSs)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Methadone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prescription medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Solvents	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tranquillisers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>Applicant 2. Are you using, abusing or have you ever used, any of the following?</p>	<p>Current Previous Never</p>
Alcohol	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Amphetamines (speed)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cannabis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cocaine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Crack Cocaine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Crystal Meth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ecstasy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heroin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Opiates/Opioids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ketamine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
'Legal highs', i.e. New Psychoactive Substances (NPSs)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Methadone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prescription medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Solvents	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tranquillisers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Applicant 1. Please tell us about your previous and current drug use
E.g. how much did you use, how often, when was the last time, triggers or reasons for drug use

<p>Applicant 2. Please tell us about your previous and current drug use E.g. how much did you use, how often, when was the last time, triggers or reasons for drug use</p>	
<p>Do you carry a Narlozone Pack? (Initial if more than one applicant)</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Are you on or awaiting any drug or alcohol treatment programme? (Initial if more than one applicant)</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please give details of agency and programme:</p>
<p>Applicant 1. In a typical week how many units of alcohol do you drink? (if you're unsure about 'units' please state what and how much you drink)</p> <p>Please tell us about your current and previous alcohol use E.g. how much, how often, when was the last time, any triggers you're aware of</p>	
<p>Applicant 2. In a typical week how many units of alcohol do you drink? (if you're unsure about 'units' please state what and how much you drink)</p> <p>Please tell us about your current and previous alcohol use E.g. how much, how often, when was the last time, any triggers you're aware of</p>	

Physical & Mental Health and Wellbeing

<p>Applicant 1. Are you registered with a GP? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	
<p>Do you have any concerns about your: Mental / emotional health & wellbeing</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously</p>
<p>Medical / physical health</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously</p>

If yes or previously, please provide details
(this might include treatment received, medication taken, symptoms etc.)

Applicant 2.. Are you registered with a GP? No Yes
If yes, please provide name and address:

Do you have any concerns about your: Mental / emotional health & wellbeing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Previously
Medical / physical health	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Previously

If yes or previously, please provide details
(this might include treatment received, medication taken, symptoms etc.)

If you suffer from mental health issues how would we know you are becoming unwell (describe attitudes, behaviour, etc):

Meaningful use of time and employment

Applicant 1. Please write something about the things you have done, currently do, and/or would like to do to occupy your time:

Employment, education, training

Sport, music, arts, other hobbies and talents

Literacy / numeracy needs, including help with language

Applicant 2. Please write something about the things you have done, currently do, and/or would like to do to occupy your time:

Employment, education, training

Sport, music, arts, other hobbies and talents
Literacy / numeracy needs, including help with language

Social Networks / family and friends

Please give some details about your social networks, both positive and negative Initial for each applicant)	
Family links	Peers / friends
Domestic Abuse	Other Faith groups/clubs
Do you feel Isolation / loneliness	Any other social networks we should be aware of (eg gangs you're trying to avoid etc)

Financial situation

What is your current income as a HOUSEHOLD? (tick all that apply and specify amounts and to whom it is paid)	<input type="checkbox"/> Jobseeker's Allowance (JSA) <input type="checkbox"/> Employment Support Allowance (ESA) <input type="checkbox"/> Disability Living Allowance (DLA) <input type="checkbox"/> Personal Independence Payment (PIP)	<input type="checkbox"/> Working Tax Credits (WTC) <input type="checkbox"/> Child Tax Credits (CTC) <input type="checkbox"/> Income Support (IS) <input type="checkbox"/> Wages <input type="checkbox"/> Universal Credit (UC) <input type="checkbox"/> Other: _____
How much do you receive and how often? On what day?		
Do you have any rent arrears?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them	
Do you have any other debts? (e.g. Loans from friends, CT or benefit overpayments, payday or personal loans, credit cards, catalogues)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them	
In short, what is your net income as a household (The		

total incoming minus all the outgoings)

1) Your goals, interests and motivation

Are there any skills or interests you would like to develop? What would you like to see happen over the next two years of your life, both as a family and as individuals (please initial)?

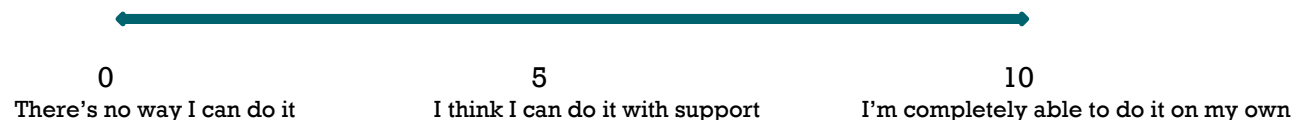
How would a place with HIA help you? Please include anything else about yourself or your situation which may be helpful to Hope into Action staff when considering your suitability.

Please place a cross on the line to show how strong your **desire** is to change. (If more than one applicant, discuss this between yourself and agree on a number that represents the household, working together as one)



Can you give us an example of how you have implemented positive change in your life:

Please place a cross on the line to show how **able** you feel to make the necessary changes. (If more than one applicant, discuss this between yourself and agree on a number that represents the household, working together as one)



In what area(s) of your life, will you benefit from our support the most?

2) Other agencies

If you are receiving help from any other person or agency, please list them here (e.g. doctor, social worker, Probation officer, community psychiatric nurse, advocate, family, friend etc.). Hope into Action may contact them as part of our assessment process to discuss your housing and support needs. It is essential we have this information to ensure we can offer appropriate accommodation and support.

Name(s)	Job title & agency	Contact address	Telephone & email address

3) Risk of harm assessment / Safety issues

*Referrer can choose to complete this either with the applicant present or not.

PLEASE INCLUDE ANY AGENCY RISK ASSESMENTS WITH THIS APPLICATION

<p>Referrer, please indicate whether you consider the applicant to present a risk in any of the following categories:</p> <p>(If referring more than 1 person, please use their initials)</p> <p>*If you can not give an educated answer please state so and we will contact alternative sources</p>	<input type="checkbox"/> To self <input type="checkbox"/> To the community <input type="checkbox"/> Towards staff <input type="checkbox"/> Towards previous victims <input type="checkbox"/> Towards other tenants <input type="checkbox"/> From others
<p>Is there any history of the following (prosecuted or otherwise): (If referring more than 1 person, please use their initials)</p>	
<p>By the applicant?</p> <input type="checkbox"/> Physical abuse <input type="checkbox"/> Mental abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Racial abuse <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Intimidation/Bullying <input type="checkbox"/> Damage to property	<p>Towards the applicant?</p> <input type="checkbox"/> Physical abuse <input type="checkbox"/> Mental abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Racial abuse <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Intimidation/Bullying <input type="checkbox"/> Damage to property

Where a risk of harm is identified, please give details, considering the following factors:

- What will increase / reduce the risk? What type of harm is likely to occur?
- How severe would this be? How likely is this to happen?
- What is the consequence of the applicant living in a Hope into Action property?
- What is your assessment based on?

Referrer's details

Name			
Job title			
Address			
Postcode		Contact number	
Email address			
Relationship to Applicant(s)	<i>(please include whether it's a personal or professional capacity)</i>		
How long have you known them?			
How often do you see them? Will this continue once they are housed?			

Referrer's assessment

What is the current housing situation of the applicant(s)? Why do they need supported housing?

Why do you feel Hope into Action would be a suitable supported housing option for the applicant(s)?

Your assessment should include information about the following points:

- Risk of harm
- Offending history/ likelihood of re-offending
- Behaviour traits
- Attitudes (especially on cultural / racial diversity, gender, sexual orientation)
- Motivation to address support needs
- Attendance and engagement with support agencies, e.g. Probation, drug/alcohol agencies
- Any other information that would be helpful to staff assessing suitability of the applicant

--

What is your knowledge of the applicant's suitability to live in shared supported accommodation with other tenants who may be vulnerable?
(If you don't know him/her well enough to make informed comments, please state this.)

--

What is the current and future level of contact you plan to have with the applicant(s)?

--

I confirm that, to the best of my knowledge, the information contained within this application is truthful, accurate and as complete as possible.

Signed (referrer):		Date:	
--------------------	--	-------	--

Monitoring

Hope into Action is committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants.

Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process.

You do not have to complete this section if you don't want to.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
---------	-------------------------------	---------------------------------	--------------------------------------	--

Age:	<input type="checkbox"/> Under 20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61+
	<input type="checkbox"/> Prefer not to say					

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, what sort of disability?			
<input type="checkbox"/> Sight disability	<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health disability	<input type="checkbox"/> Prefer not to say	

Sexuality:	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
------------	---------------------------------------	-------------------------------------	-----------------------------------	--

Religion: _____	<input type="checkbox"/> Prefer not to say
-----------------	--

Which group best describes your ethnicity?

Prefer not to say

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other		
Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	
Mixed	<input type="checkbox"/> White and black Caribbean		<input type="checkbox"/> White and black African
	<input type="checkbox"/> White and Asian		<input type="checkbox"/> Other
Gypsy and traveler	<input type="checkbox"/> Romany Gypsy	<input type="checkbox"/> Traveller – Irish origin	<input type="checkbox"/> Traveller - other
	<input type="checkbox"/> Other		

Monitoring

Hope into Action is committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants.

Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process.

You do not have to complete this section if you don't want to.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
---------	-------------------------------	---------------------------------	--------------------------------------	--

Age:	<input type="checkbox"/> Under 20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61+
	<input type="checkbox"/> Prefer not to say					

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, what sort of disability?			
<input type="checkbox"/> Sight disability	<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health disability	<input type="checkbox"/> Prefer not to say	

Sexuality:	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
------------	---------------------------------------	-------------------------------------	-----------------------------------	--

Religion: _____	<input type="checkbox"/> Prefer not to say
-----------------	--

Which group best describes your ethnicity?

Prefer not to say

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other		
Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	
Mixed	<input type="checkbox"/> White and black Caribbean		<input type="checkbox"/> White and black African
	<input type="checkbox"/> White and Asian		<input type="checkbox"/> Other
Gypsy and traveler	<input type="checkbox"/> Romany Gypsy	<input type="checkbox"/> Traveller – Irish origin	<input type="checkbox"/> Traveller - other
	<input type="checkbox"/> Other		