

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 reference to 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@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.

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.

Please also read and sign the 'Permission to Exchange Information' document at the end of this form and ensure you understand our Privacy Policy.

Signed (applicant)		Date	
Print name			

Applicant details

Full name			
Previous names			
Address			
Postcode	Home phone number		
Mobile number			
N.I. number		Nationality/ethnicity	

Right to remain ID (if required)		Do they have 'right to rent'? ¹	No Yes
UK/ European Passport Number		Other ID seen	
Date of birth	Age		
Gender identity	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Trans <input type="checkbox"/> Fluid or non-binary <input type="checkbox"/>
Are you the same sex you were at birth and is this the same as your gender identity as above? ²	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Please note your EW and F&S volunteer maybe a different gender to you, please note if this may be difficult for you	That's fine <input type="checkbox"/> This may be an issue (please explain) <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?:
Where would you like to be housed? (if 'anywhere' this form may be shared with other HIA locations)			
Would you be prepared to move to another city	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Next of kin details

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?)	

¹ Please refer to list of required ID and documentation for further clarification

² We apologise if this question seems insensitive, but we have 'male' and 'female' homes and want to ensure if homed, you are comfortable with what's offered

Children and dependants

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

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

Do they live with you? 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:

Pets

Animals are not permitted at HIA houses, do you have an pets?
 Yes No

*We may need to contact them should you abandon the property or leave us whilst still owing money for example

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)

Tenancy	Keeping your room/home safe, clean and tidy <input type="checkbox"/>	Learning how to cook <input type="checkbox"/>
	Warnings or evictions <input type="checkbox"/>	Arranging repairs <input type="checkbox"/>
Crime	Offending behaviour <input type="checkbox"/>	Violent / aggressive or threatening behaviour <input type="checkbox"/>
Health – substance misuse	Drug reduction programme <input type="checkbox"/>	Alcohol problems <input type="checkbox"/>
Health – physical & mental	Getting a doctor <input type="checkbox"/>	Depression <input type="checkbox"/>
	Exercise <input type="checkbox"/>	Hygiene <input type="checkbox"/>
	Disability issues <input type="checkbox"/>	Mental health & wellbeing (includes counselling, specialist support or general improvements) <input type="checkbox"/>
	Volunteering <input type="checkbox"/>	Interests / hobbies <input type="checkbox"/>

Meaningful use of time & volunteering	Short courses for leisure <input type="checkbox"/>	'Giving back' <input type="checkbox"/>
Employment, education, training	Employment <input type="checkbox"/>	Training <input type="checkbox"/>
	Education <input type="checkbox"/>	Job applications & CVs <input type="checkbox"/>
	Literacy / numeracy <input type="checkbox"/>	Gaining basic qualifications (e.g. English, Maths) <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"/>	Making new friends (and positive influences) <input type="checkbox"/>
	Re-establishing or maintaining contact with children <input type="checkbox"/>	Gaining custody or contact of children <input type="checkbox"/>
	Other social networks <input type="checkbox"/>	Isolation <input type="checkbox"/>
Finance & budgeting	Paying rent / bills <input type="checkbox"/>	Claiming benefits <input type="checkbox"/>
	Budgeting <input type="checkbox"/>	Clearing debts <input type="checkbox"/>
Diversity	Cultural needs <input type="checkbox"/>	Religion / faith <input type="checkbox"/>
	Sexual orientation <input type="checkbox"/>	
Other	Domestic abuse <input type="checkbox"/>	Legal matters not related to offending <input type="checkbox"/>
	Gambling <input type="checkbox"/>	Help with language <input type="checkbox"/>
Please state any other areas in which you need support:		

3) Current accommodation details

<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

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)			
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:			
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?			
Are you on a local authority housing register?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which one?		

Are you registered (or have you ever been 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 MAPPAC. If Yes, please give details of level:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of previous offences, charges or convictions (or attach list of previous convictions) *Please note you are not legally required to inform us of spent	Date	Offence(s)	Sentence received or decision made
Please list any court cases/police investigations pending/ongoing, TIC or state none			

5) Substance use

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.

³ See <https://unlock.org.uk/court-makes-clear-spent-convictions-shouldnt-taken-account-housing-applications/> for further information

Are you using, abusing or have you ever used, any of the following?	Current	Previous	Never
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"/>

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

Do you carry a Narlozone Pack? No Yes

Are you on or awaiting any drug or alcohol treatment programme? No Yes

If yes, please give details of agency and programme:

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)

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

6) Physical, Mental Health and Wellbeing

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):			

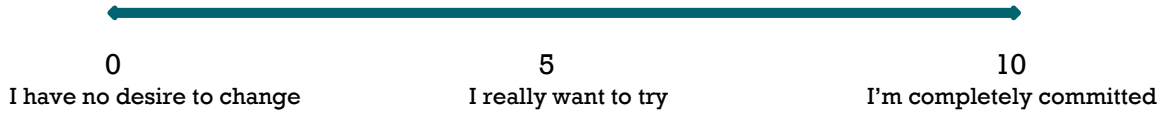
7) Meaningful use of time and employment

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

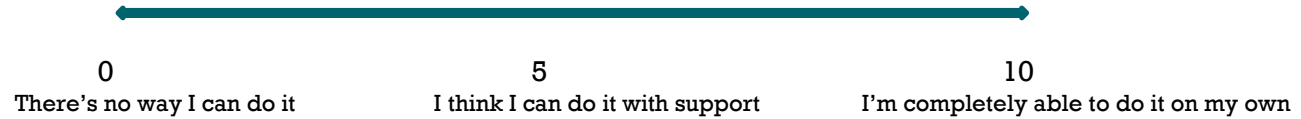
Please give some details about your social networks, both positive and negative	
Family links	Peers / friends
Domestic Abuse	Other Faith groups/clubs
Do you feel Isolation / loneliness	Any other social networks we should be aware of (eg gangs you're trying to avoid etc)

Please place a cross on the line to show how strong your **desire** is to change.



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.



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

10) 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 Hope into Action has this information to ensure we can offer appropriate accommodation and support.

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

11) 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>	<input type="checkbox"/> To self <input type="checkbox"/> To the community <input type="checkbox"/> Towards staff
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<p>*If you can not give an educated answer please state so and we will contact alternative sources</p>	<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):</p>	
<p>By the client?</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 client?</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>Where a risk of harm is identified, please give details, considering the following factors:</p> <ul style="list-style-type: none"> • 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		<table border="1"> <tr> <td data-bbox="772 1628 1074 1688">Contact number</td> <td data-bbox="1078 1628 1492 1688"></td> </tr> </table>	Contact number	
Contact number				
Email address				
Relationship to Applicant	<p><i>(please include whether it's a personal or professional capacity)</i></p>			
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? Why do they need supported housing?			
Why do you feel Hope into Action would be a suitable supported housing option for the applicant?			
Your assessment should include information about the following points:			
<ul style="list-style-type: none">• 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?			
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:	

Permission to exchange Information Agreement

To be read and discussed by Empowerment Worker before signing^[1]:

To provide a service, agencies need to exchange information. This can include councils, doctors, housing providers, specialist services, Job Centre Plus, Social Services and so on.

1. Time is saved if you give **general permission** to exchange information. You can request to change the agreement at any time.

Alternatively:

2. You may want to **exclude some agencies** or prefer us to **ask each time** we contact people.

Even with permission we will not pass on information unnecessarily, and **will not disclose personal information to family, friends or other private individuals** without your express permission (ideally written). In some limited situations, for example; if there is an order from a court, a Safeguarding or criminal activity concern or if there is an urgent matter of public safety – information may be passed on without asking.

Please also be aware that both the Church Leader and 'Friendship & Support Group' may be privy to information, to enable them to support you better. Likewise, if you should disclose something to them that they feel we (as your Empowerment Worker and landlord) need to know, they are within their rights to pass this information on to us.

If you would like a matter to remain confidential between yourself and the Hope into Action, please let your Empowerment Worker know. Confidentiality and human rights laws dictate that a matter can't and shouldn't stay confidential if your safety (or the safety of others) is threatened, if a child's safety is involved or if it is a matter of National Security.

AGREEMENT

Hope into Action will hold personal information about you in line with the Privacy Notice (attached).

Please sign below if you agree we can exchange information about you. You may alter parts you do not agree with. You can revoke your consent at any time by notifying us of your wish to do so. If you revoke your consent, please be aware we may no longer be able to provide you with support services and accommodation.

1. Agencies providing services

I agree that agencies providing welfare/support services may exchange information about me. I understand that this may include organisations such as probation, housing, Social Services, advice agencies, my church Friendship and Support Group and Church Leader, councils, Job Centre Plus and other relevant bodies.

2. Doctors and other health workers

I agree that my doctor(s) and other health workers may give information about myself to agencies helping with my housing and other problems.

3. I would like to specify that Hope Into Action should NOT share any personal information about me with

.....

I would like to give the following instructions:

.....

- I understand that personal information will only be passed to agencies able to keep that information secure within General Data Protection Regulations guidelines (GDPR) and other applicable data protection laws.
- I understand that, I have a right to access records and other personal information about me which are kept by HIA UK and a right to have my personal information deleted or the use of it restricted (on the grounds specified by law).

Signed: _____ Date: _____

Print Name: _____

Witnessed by Empowerment Worker:

Signed: _____ Date: _____

Print Name: _____

^[1] Note for EWs – please always offer to read this document aloud for tenants to confirm understanding.

Please also ensure they have access to a copy of the privacy notice too – found here: [Data Privacy Notice for tenants 20190109.docx \(sharepoint.com\)](#) (ie: in a House Folder at the property). For franchise tenants the privacy notice is here: [Data Privacy Notice for franchisee tenants 20190515.docx \(sharepoint.com\)](#)