

HINCKLEY HOMELESS GROUP



Application form for Lawrence House

Referral agency	
Contact name	
Contact Number	

Dear applicant

Hinckley Homeless Group provide housing and other support services at Lawrence House and will use the information we collect from this form only to process your application to our service. If you would like help with completing this form, please contact us at the address below and one of our service staff will be glad to help. Please ensure that you answer all questions fully.

Your Full Name (applicant)	
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Any Previous names:	
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YOUR DETAILS	
Current Address	
Post code	Contact Tel No
N.I Number	Nationality
Date of birth	Age
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Please list any forms of ID:	
Next of kin & contact details	
Do you have someone to act as a Rent Guarantor (under 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Guarantor & contact details	
Name & Address of GP incl Tel No.	

YOUR HOUSING

Are you currently homeless Yes No

If yes – how long have you been homeless

How did you become homeless? (please describe)

Is your current housing status Temporary Permanent Homeless

Are you on the local housing register? Yes No
Please give details

Do you have any children? Yes No (if yes, please give details)

Where have you lived in the past? Please provide a minimum of three years. (Starting with the most recent address and include any hostel, hospital or prison stays. Please continue on a separate sheet if needed)

1. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	

2. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	

3. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	

ABOUT YOU (this will help us to make an assessment of your needs)		
Do you drink alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- if yes how often? -How does alcohol affect you?		
Are you currently or have you ever been dependent on alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever used illegal drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- if yes please give details of the drugs you used and when used last		
Do you have a drug or alcohol worker? - if yes please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any of the following conditions	Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/>	
Do you take any prescribed drugs? - if yes please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MENTAL HEALTH		
Do you have a history of any of the following? (please tick)	Psychiatric Care <input type="checkbox"/>	Suicide Attempts <input type="checkbox"/>
	Self Harm <input type="checkbox"/>	Other <input type="checkbox"/>
Please give details e.g. Who involved, when, what were you treated for, current status, treatment centre		
OFFENDING HISTORY		
Have you ever been arrested? (if yes how many times)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Outcome	
Do you have any previous convictions for any of the following, (insert number of offences)	Violence <input type="checkbox"/>	Drugs <input type="checkbox"/>
	Theft/Burglary <input type="checkbox"/>	Motoring Offences <input type="checkbox"/>
	Other <input type="checkbox"/> Please give details	
Do you have a probation officer or youth offending officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name: Address: Tel:	
Are you on a community service order, ASBO or any other order from the courts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need support with legal matters not related to offending behaviour? -Please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any court cases pending: If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOUR SUPPORT NEEDS (please tick all the boxes for things where you need support)		
Housing	Keeping your room/home safe, clean and tidy <input type="checkbox"/>	Past or present problems with neighbours <input type="checkbox"/>
	Notice or evictions <input type="checkbox"/>	Arranging repairs <input type="checkbox"/>
	Rent arrears <input type="checkbox"/>	Other (state) <input type="checkbox"/>
Finance	Paying rent <input type="checkbox"/>	Claiming benefits <input type="checkbox"/>
	Paying bills <input type="checkbox"/>	Clearing debts <input type="checkbox"/>
	Budget planning <input type="checkbox"/>	Other (state) <input type="checkbox"/>
Support networks / family / friends	Family links <input type="checkbox"/>	Friends <input type="checkbox"/>
	Other social networks <input type="checkbox"/>	Isolation <input type="checkbox"/>
	Domestic abuse <input type="checkbox"/>	Offending <input type="checkbox"/>
	Behaviour management <input type="checkbox"/>	Other (state) <input type="checkbox"/>
Meaningful use of time	Training <input type="checkbox"/>	Education <input type="checkbox"/>
	Employment <input type="checkbox"/>	Interests <input type="checkbox"/>
	Literacy needs <input type="checkbox"/>	Help with language <input type="checkbox"/>
	Voluntary work <input type="checkbox"/>	Other (state) <input type="checkbox"/>
Diversity	Cultural needs <input type="checkbox"/>	Religious needs <input type="checkbox"/>
	Other (state) <input type="checkbox"/>	
Physical health and wellbeing	Getting a doctor <input type="checkbox"/>	Getting a dentist <input type="checkbox"/>
	Exercise <input type="checkbox"/>	Hygiene <input type="checkbox"/>
	Diet <input type="checkbox"/>	Getting support from other agencies <input type="checkbox"/>
	Other (state) <input type="checkbox"/>	
Pregnancy	Are you pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, what is the baby's due date?	
Are there any other areas you would like support with? if yes please give details		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have anyone you can turn to for emotional support? If yes please give details		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Social Worker? If yes, please give details		Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR FINANCIAL SITUATION

Do you have any debts? (Please include rent arrears) Yes No

If yes, please give details, including any agreements you have made to repay the debt?

Please tell us what benefits you currently claim/receive (tick all that apply)	Income support	<input type="checkbox"/>	Job seekers allowance	<input type="checkbox"/>	Housing benefit	<input type="checkbox"/>
	DLA / PIP	<input type="checkbox"/>	Severe disability allowance	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>
	Employment support allowance	<input type="checkbox"/>	Other (state)			

Are you working? Yes No

If yes:	How many hours do you work a week?	
	What are your weekly earnings?	

Are you in education or on a training course? Yes No

If yes:	What course are you doing & where?	
	What hours do you do?	

Do you do any voluntary work? Yes No

If yes:	What hours do you do & where?	
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Do you have a Prospects worker? Yes No
- Please give details

Do you have any savings over £3,000? Yes No

If yes: please can you give us more details as this might affect your ability to claim certain benefits?

Are you involved with or have any other agencies support you? Please give details:

YOUR GOALS AND INTERESTS

Please can you tell us about your personal goals and interests

DECLARATION

I can 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 services or offer of a service, including housing, or if I have already moved into Lawrence House / Hinckley Homeless Group you may take legal action, which may result in you asking me to move out.

Signed (applicant)

Date

Print Name

YOUR CONSENT TO CONTACT OTHER AGENCIES ABOUT THIS APPLICATION

I give my permission for staff at Hinckley Homeless Group to discuss this application and all the information I have provided in this form with other agencies.

Signed

Date

Print Name

HINCKLEY HOMELESS GROUP

Lawrence House
Wood Street
Hinckley
Leics LE10 1JQ

Website: www.hinckleyhomeless.com
email: info@hinckleyhomeless.com

Tel: 01455 890688
Fax: 01455 618139

All information supplied will be held by Hinckley Homeless Group and will remain secure and confidential. Your details will be processed fairly and lawfully in accordance with the Data Protection Act 1998.

Monitoring

Please can you also complete the monitoring form attached. The information you provided helps us to monitor our policies to ensure they are fair and promote access to all those who need our services.

Our commitment to you

1. We will process your application within 3 days.
2. If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail within 7 days (providing all checks have come back from Probation, Social Services etc).
3. If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
4. We will make sure we treat your application fairly and without discrimination.

Appeals process

If you are unhappy about any decision made in the application process, you can appeal in writing to the Project Manager at Lawrence House. Please ask for a copy of the Appeals Process.

MONITORING

Hinckley Homeless Group are 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.

Marital status	Married <input type="checkbox"/>	single <input type="checkbox"/>	Separated <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify)	

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

Which group describes your ethnicity?				
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>	
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Other <input type="checkbox"/>	
Mixed	White and Black Caribbean <input type="checkbox"/>		White and Black African <input type="checkbox"/>	
	White and Asian <input type="checkbox"/>		Other <input type="checkbox"/>	
Gypsies and travellers	Gypsy <input type="checkbox"/>	Romaine <input type="checkbox"/>	Irish traveller <input type="checkbox"/>	
	Other <input type="checkbox"/>			
Prefer not to say (please tick)	<input type="checkbox"/>			
Sexuality	Heterosexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Religion				
Refuse to answer this section	<input type="checkbox"/>			