

# HINCKLEY HOMELESS GROUP

Lawrence House  
Wood Street  
Hinckley  
Leicestershire LE10 1JQ

Telephone: 01455 890688  
Fax: 01455 618139  
Email: [info@hinckleyhomeless.com](mailto:info@hinckleyhomeless.com)  
Website: [www.hinckleyhomeless.com](http://www.hinckleyhomeless.com)

Application Form for

## Lawrence House

Referral Name	
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 on 01455 890688 and one of our staff will be glad to help. Please ensure that you answer **all** questions fully.

Your Full Name (applicant)	
Any Previous Names	

## YOUR DETAILS

Current Address			
Postcode		Telephone 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			
Name & Address of GP			

## Your Housing

Are you currently homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – how long have you been homeless?	
What is your current housing status?	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless <input type="checkbox"/>
Are you on the local housing register?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any children? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where have you lived in the past? Please provide a minimum of 3 years, starting with the most recent address.			
Address		Arrears	
		Was this your tenancy?	
Landlord		Dates of stay	
Reason for leaving		Other	

Address		Arrears	
		Was this your tenancy?	
Landlord		Dates of stay	
Reason for leaving		Other	

Address		Arrears	
		Was this your tenancy?	
Landlord		Dates of stay	
Reason for leaving		Other	

## About You

Do you drink alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often? How does it affect you?	
Are you or have you ever been dependent on alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you used illegal drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details of the drugs you used last and when	
Do you have a drug/alcohol worker? If yes, 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, give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Mental Health

Do you have a history of any of the following?	Psychiatric care <input type="checkbox"/> Suicide attempts <input type="checkbox"/> Self Harm <input type="checkbox"/> Other <input type="checkbox"/>
Please give details, eg. What were you treated for, when, current situation	

## 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?	Violence <input type="checkbox"/> Drugs <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Motoring offences <input type="checkbox"/> Other		
Do you have a probation or youth offending worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you on a community service order, ASBO etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you need support with legal matters not related to offending?	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 that you need support with)

<b>Housing</b>	Keeping your home safe, clean and tidy <input type="checkbox"/>	Rent arrears <input type="checkbox"/>
<b>Finance</b>	Paying rent <input type="checkbox"/>	Claiming benefits <input type="checkbox"/>
	Budgeting <input type="checkbox"/>	Debt advice <input type="checkbox"/>
<b>Support networks/ family/ friends</b>	Family links <input type="checkbox"/>	Friends <input type="checkbox"/>
	Domestic abuse <input type="checkbox"/>	Isolation <input type="checkbox"/>
	Behaviour management <input type="checkbox"/>	Other agencies <input type="checkbox"/>
<b>Meaningful use of time</b>	Training <input type="checkbox"/>	Education <input type="checkbox"/>
	Employment <input type="checkbox"/>	Volunteering <input type="checkbox"/>
	Literacy needs <input type="checkbox"/>	Language needs <input type="checkbox"/>
<b>Diversity</b>	Cultural support <input type="checkbox"/>	Religious needs <input type="checkbox"/>
	LGBTQ <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Physical health and wellbeing</b>	Getting a doctor <input type="checkbox"/>	Getting a dentist <input type="checkbox"/>
	Exercise <input type="checkbox"/>	Hygiene <input type="checkbox"/>
	Diet <input type="checkbox"/>	Mental health support <input type="checkbox"/>
<b>Pregnancy</b>	Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, what is the due date?	

<b>Are there any other areas you would like support with?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details		
<b>Do you have anyone you can turn to for emotional support?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details		
<b>Do you have a Social Worker?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give name and number		

## Your Financial Situation

Do you have any debts? Including rent arrears	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details including any agreements you have made		
What benefits do you currently claim/ receive? (tick all that apply)	Housing Benefit <input type="checkbox"/>	DLA/PIP <input type="checkbox"/>
	Universal Credit <input type="checkbox"/>	Employment Support Allowance <input type="checkbox"/>
	Other	
Are you working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes: How many hours a week do you work? <span style="float: right;">What are your weekly earnings?</span>		
Are you in education or on a training course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes: How what course are you doing and where? What hours/ days do you attend?		
Do you do any voluntary work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any savings over £3000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details		

## Your Future Plans

Please tell us what you would like to see for yourself in the future

## 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 a property managed by Hinckley Homeless Group you may take legal action, which may result in you asking me to move out.

<b>Print Name</b>		<b>Date</b>	
<b>Signed (applicant)</b>			

## Your Consent to Disclose Information

I give my permission for staff at Hinckley Homeless Group to disclose information held by them so that investigations into by housing circumstances can be made.

And,

I understand that enquiries will be made to any relevant agencies who may be able to help in these investigations (including social care, youth offending, probation, medical, legal, benefits, Housing Associations or landlords etc) copies of this authorisation may be used in the enquiries by Hinckley Homeless Group.

<b>Print Name</b>		<b>Date</b>	
<b>Signed (applicant)</b>			

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 2018.

## 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.
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	

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state what type of disability	Sight 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 Black African <input type="checkbox"/>	
	White and Asian <input type="checkbox"/>	Other <input type="checkbox"/>	
Travellers	Gypsy <input type="checkbox"/>	Romaine <input type="checkbox"/>	
	Irish traveller <input type="checkbox"/>	Other <input type="checkbox"/>	
	Prefer not to say <input type="checkbox"/>		

Sexuality	Straight <input type="checkbox"/>	Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Religion				
Refuse to answer this section	<input type="checkbox"/>			