

Application form for a Stonham service

Self referral	<input type="checkbox"/>
Agency referral	<input type="checkbox"/>
Additional sheets attached	<input type="checkbox"/>
Date referral received	
Referral number	

Dear applicant

Stonham is a division of Home Group limited that provides housing and other support services. We will use the information we collect from this form only to process your application to one of our services.

We may need to request information about you from any other agencies that work with you. This will help us to fully assess your application to a Stonham service. We will ask you for your consent before we do this.

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 you.

Applicant's Name	
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Service details (To be completed by the office)			
Service name	Leeds Offender Services		
Service Manager	Kelly Parker		
Service address	29 Hemingway Garth Hunslet Leeds		
Post code	LS10 2PG		
Telephone number	0113 271 0002	Fax number	0113 271 5513
E-mail address:	shleedssupportedhousing@homegroup.org.uk		
Service type	Accom/FS	Accommodation	
	Client group	Ex-Offenders 18+ on a Probation Order	

Information from the referral agency

Stonham will use this information solely to assess the applicant's suitability to access the service. Information that you provide may be discussed with the applicant. If any information that you provide cannot be shared or is 3rd party information, please state that this is the case on the details provided. Please attach any supporting information.

Your details	Agency			
	Name and job title			
	Address			
	Contact number		Fax number	
Applicant's name				
How long have you known the applicant?				
Has the applicant been accepted under any statutory frameworks?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please detail				
Is the applicant a relevant child within the meaning of the Children (Leaving Care) Act 2000?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If the applicant is under 18 years of age do they have a guarantor for the rent/charge?				Yes <input type="checkbox"/> No <input type="checkbox"/>
How would you describe the extent of your knowledge of the applicant				Substantial <input type="checkbox"/>
				Significant <input type="checkbox"/>
				Nominal <input type="checkbox"/>
Please provide details of the support you provide for this applicant				
Please provide details of any known risks or safety issues the applicant may present to him/ her or to others				
What level of contact do you intend to maintain with this 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	

Consent for data processing

Please complete a new form for each agency/individual.

We aim to provide the best service we can. To do this we sometimes need to discuss your welfare and support with other agencies or people who are also supporting you. We need your consent to do this. To ensure we are all clear what you consent to we ask you to sign a separate form for each agency or individual concerned.

Where you are happy to give your consent, please sign the form below. You can change your mind and let us know you want to withdraw your consent at any time.

We provide a service to you that respects your privacy. Your support charter explains what we mean by confidentiality. Unless someone is at risk of harm, or the law requires it, Stonham will not pass information on about you without your consent.

This information will be used solely to assess your application to our service.

Your consent to contact agencies and/or individuals who are supporting you			
I give my permission for staff at Stonham to discuss the following aspects of my support, health, safety and welfare with the following agency or person.			
Aspects of support e.g. support plan...			
Agency or individual Stonham staff can discuss the aspects of support identified with (e.g. social services, specific family members...)			
I consent for the information sharing described above, and acknowledge that in exceptional circumstances when someone may be harmed or when the law requires Stonham to, staff may contact agencies or individuals without my consent.			
Signed			Date
Print name			

Monitoring

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

Monitoring information does not form part of the decision making process. You do not have to complete this section if you don't want to.

Our commitment to you

- ✓ We will confirm with you that we have received your application.
- ✓ If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail.
- ✓ We will keep you informed about how your application is progressing
- ✓ If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
- ✓ 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 to the service manager of the service you applied to. You can do this in writing, by telephone, or in person. Their details are on the front of this form

Monitoring

Stonham 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	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	Age	
Do you consider yourself to have a disability?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what sort 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 best 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"/>	Romane <input type="checkbox"/>	Irish traveller <input type="checkbox"/>		
	Other <input type="checkbox"/>				
Prefer not to say	<input type="checkbox"/>				
Sexuality	Heterosexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	
What is your Religion?					
Refuse to answer this section <input type="checkbox"/>					

Leeds Offender Services

Who we are

The Leeds Supported Housing Project provides temporary supported tenancies to single, males and females over 18 years of age who are ex offenders *on a probation order*. The accommodation is based in Hunslet (males only), Beeston (females only) and Kirkstall (both). Stonham is committed to fair access and diversity and the project welcomes applications from all sections of the community. More information can be found via the web address below.

Referral Process

We must have a copy of any *previous convictions* and the latest *Pre-sentence report* along with the application form. The applicant needs to be aware that the project may need to contact other relevant agencies for additional information if needed. On receipt of all the information the client will be risk assessed and is either invited for interview or declined. The referrer of the outcome will be informed either way.

Assessment

If the application is successful then it will be placed on to a waiting list and an offer of accommodation may be made based on the needs and risk of the client as well as the group dynamics in the available property. The project will keep you informed at every stage of the referral process. All information in the application is confidential and for use of project staff only.

Please return application forms to: Stonham Housing Applications, 29 Hemingway Garth, Hunslet, Leeds LS10 2PG Referral Line: 0113 270 8225 Fax: 0113 271 5513

Email: shleedssupportedhousing@homegroup.org.uk

Web: www.homegroup.org.uk/careandsupport/stonhamservices/services/Documents/west%20yorkshire/Stonham%20West%20York%20Services%20Leaflet%20V2.pdf

Please read before referring

Before referring can you ensure that male clients are aware of and happy to be considered for shared accommodation? They will only be exclusively considered for non-shared accommodation if an issue of safety or licence conditions prohibit residing in our areas of shared accommodation.

Your details			
Name			
Address & Postcode			
Type of Accommodation		Contact telephone No.	
N.I. Number			Nationality
Date of birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Gender	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"/> If yes, which language?		

Your housing			
When did you move into your current address?			
Is your current housing status:	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless <input type="checkbox"/>		
Current landlord (if applicable)			
Local authority area			
Are you on a local housing register?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which one? Application Bidding Number		
Do you have any pets?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type(s)?		
Where have you lived for the past three years? (Include any hospital or prison stays)			
Address	From	To	Reason for leaving
Has the applicant ever lived in a Stonham property before, even if not in Leeds?			
If yes, please give brief details:			
Do you have any problems in your current accommodation?			No <input type="checkbox"/> Yes <input type="checkbox"/>
Please give details			

Offending	
Are you currently on a probation licence or community order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, when does this expire?	
Are you banned from residing in any areas? If yes please state where?	
Do you have any probation licence conditions you think we should be aware of at this stage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	
Prison (Please answer the following if you are currently in prison)	
When is your release date? Is there a possible early release date too? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is your prison number?	
Will a telephone assessment be possible, if so who in the prison is best to assist with this?	
Does the prison have a video link available for an interview assessment?	
Will you be accommodated in a hostel immediately upon release?, if so please detail: Name of Hostel: Likely Length of stay:	

Please give detail of agencies working with you, or people who help to support you (E.g. doctor, social worker, probation officer, community psychiatric nurse, advocate, family, friend)			
Name(s)	Job title	Contact address	Telephone no.

About you (This will help us to make an assessment of your needs)	
Are you currently or have you ever been dependent on alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes please give details	
- Could your disability stop you entering a building e.g. climbing stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	
Are you experiencing, or have you in the past experienced problems with depression, anxiety, self-harm or other mental health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently using or have you ever been dependent on illegal drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	
Are you currently using any prescribed drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any convictions for arson?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any pending court dates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	
Are you experiencing, or have you in the past had problems with being violent or aggressive towards others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an anti-social behaviour order (ASBO) against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	
Are you experiencing domestic abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need support with legal matters not related to offending behaviour?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other areas you would like support with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If yes, please give details	

Your support needs (Please tick all the boxes for things where you need more support)

Housing	Keeping your room/home safe, clean and tidy <input type="checkbox"/>	Past or present problems with neighbours <input type="checkbox"/>
	Notices 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"/>
	Accessing childcare <input type="checkbox"/>	Other (state) <input type="checkbox"/> ➔
Diversity	Cultural needs <input type="checkbox"/>	Religious needs <input type="checkbox"/>
	Personal preferences <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 (For women applicants only)	Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, what is the baby's due date?	

Your financial situation						
Do you have any rent arrears					Yes <input type="checkbox"/> No <input type="checkbox"/>	
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"/>
	Disability living allowance	<input type="checkbox"/>	Severe disability allowance	<input type="checkbox"/>		
	Incapacity Benefit / Employment Support Allowance					<input type="checkbox"/>
	Other (state)	<input type="checkbox"/>	↻			
Are you working?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
If yes:	What course are you doing?					
	what hours do you do					
Do you do any voluntary work?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes:	What hours do you do?					
Do you have any savings over £3,000?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please can you give us more detail as this might affect your ability to claim certain benefits?						

Your goals and interests
Please can you tell us about your personal goals and interests

Declaration

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 service or offer of a service, including housing, or if I have already moved into a Stonham service you may take legal action, which may result in you asking me to move out.

Signed (applicant)		Date	
Print name			

Please note we also require at least 2 of the below 3 documents.

If you are self referring please ensure you have detailed your probation officer so we can trace this info.

Previous Convictions List

Latest Pre-Sentence Report

Oasys

Please note the referral will not be considered until we have a copy of the previous convictions and either latest pre-sentence report or Oasys. We allow 28 days for these from receipt of application form before closing the referral.

Your consent to contact your referral agency about this application

(Please sign if you are applying with the support of a referral agency)

I give my permission for staff at Stonham to discuss this application and all the information I have provided in this form with the referral agency named on page 1 of this form and any other agency or people as required in order to process the application.

Signed		Date	
Print name			

Please confirm that the details of the service have been confirmed to you?

Thank you for completing this application form