

# Housing and Adult Social Services

## Islington Sheltered Housing referral form

Please fully complete this form using type or black ink.

If you are a tenant of Homes for Islington, please post this form to:

Homes for Islington – Transfer Team,  
5 Highbury Crescent,  
London N5 1RN

If you have a private landlord, are the tenant of a Housing Association or own your property, please post this form to:

Rehousing  
PO Box 34750,  
London N7 9WJ

The information you supply on this form will be treated in confidence.

### Part 1: Personal details

Last name:	<input type="text"/>	First name(s):	<input type="text"/>
Are you	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
National Insurance No:	<input type="text"/>	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home address:	<input type="text"/>		
	<input type="text"/>	Post code:	<input type="text"/>
Daytime telephone:	<input type="text"/>	Mobile telephone:	<input type="text"/>

**Please tell us about any special arrangements you would like us to make when visiting you to carry out an assessment:**

For example, translation or signing services (please state language needed), contacting someone else to be with you at the assessment etc. Please give details:

#### Next of Kin contact details:

Last name:	<input type="text"/>	First name(s):	<input type="text"/>
Home address:	<input type="text"/>		
	<input type="text"/>	Post code:	<input type="text"/>
Telephone number:	<input type="text"/>		
Relationship to you:	<input type="text"/>		

## Part 2: Referral agency

Agency name:

Referral contact:

Address:   
  
 Post code:

Telephone number:

Email address:

## Part 3: Housing history

Is the applicant a: Please tick one box

Council tenant  Housing association  Private Tenant

Do you or anyone who has applied to be rehoused with you own any property?

Yes:  No:

Please give detail of housing history for past 3 years

Address:   
  
 Post code:

Date

Reason for leaving:

Address:   
  
 Post code:

Date

Reason for leaving:

Address:   
  
 Post code:

Date

Reason for leaving:

## Part 4: Risks

Does applicant have history of violent or aggressive behaviour?

Please give details including any contact with the police, probation or social services.

## Part 5: Other support services

Please indicate if the applicant receives support from any other service such as Social Worker, drug services, Councillor or GP. Please provide contact details.

## Part 6: Special requirements

Please indicate if the applicant has any special requirements e.g. need for ground floor accommodation.

## Part 7: Additional comments and information

Please indicate if the applicant has any special requirements e.g. need for ground floor accommodation.

## Part 8: Declaration

Applicant signature:

Date:

Witnessed by:

Date:

Print name:

Upon completing and returning this referral form you will be contacted by your allocated Supported Housing officer. You will be visited in your home in order to obtain more information regarding your current circumstances and to give you more details about living in Sheltered Housing and the services provided.

If your application is successful you will be placed onto Islington's Sheltered Housing Waiting List, pending an offer of suitable accommodation.

# Equal Opportunities and Diversity Monitoring

We keep records of the ethnic origin of anyone who applies to us for Sheltered Housing. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of race, ethnicity, sexuality, gender or disability. Any information you choose to give us will be treated in confidence and will be used for monitoring purposes only. It will not affect your application for support.

## Ethnicity:

### Asian or Asian British

Bangladeshi

Indian

Pakistani

Other Asian background  
(please state)

### Mixed

White and Asian

White and Black African

White and Black Caribbean

Other Mixed background  
(please state)

### Chinese or other Ethnic Group

Chinese

Filipino

Vietnamese

Other Ethnic Group  
(please state)

### Black or Black British

Caribbean

### African:

Eritrean

Ghanaian

Nigerian

Somali

Other African background  
(please state)

Other Black background  
(please state)

### White

British

Greek/Greek Cypriot

Irish

Kurdish

Turkish/Turkish Cypriot

Other White background  
(please state)

## Gender:

Male

Female

Transgender

## Sexuality:

Bisexual

Heterosexual

Gay

Lesbian

Prefer not to say

## Disability:

Do you consider yourself to have an impairment or be disabled?

Yes:  No:

Are you registered disabled?

Yes:  No: