

Supported Housing Referral Form

This form is designed to collect the information that EHSL requires to understand the housing needs of the person being referred for supported housing, in order that EHSL can determine whether it is able to offer accommodation to the person for whom an application has been made. Please ensure that every question is answered and that where supporting documentation is requested, that it is provided or made available. EHSL will be unable to offer accommodation or complete an application without the information required being provided. The application form must be signed or verified by a local authority professional from the department making a referral.

PART ONE
Name, Address and Contact Details

 1. **Prospective Tenant's name**

 2. **Date of birth (DD/MM/YYYY)**

Tenant / Appointee Email Address

 3. **National Insurance Number**

 4. **Is the prospective tenant? (Please tick one box)**

 Male Female Other
Section 117

 Yes No

 5. **Previous address
(or the address the prospective tenant is moving from)**

 6. **Type of accommodation tenant is moving from: (Please tick one box)**

A private tenancy <input type="checkbox"/>	Living with family <input type="checkbox"/>	Designated temporary accommodation <input type="checkbox"/>
Social tenancy <input type="checkbox"/>	Residential school <input type="checkbox"/>	Residential Care <input type="checkbox"/>
Supported Housing <input type="checkbox"/>	A hostel <input type="checkbox"/>	Long stay Hospital <input type="checkbox"/>
Other <input type="checkbox"/>		

 7. **Contact telephone number for person making the referral**

 8. **Name of person submitting application**

 9. **Relationship to prospective tenant.**

PART TWO
Housing Requirements

 10. **Is the prospective tenant at risk of Homelessness or have a deadline to move by?**

Answer YES or NO

If YES, By what date?

 11. **Which area/town is accommodation required?**

 12. **Is the applicant able to live with other people? (Tick one box)**

 Yes, only with males
 Yes, only with females

 Yes, with males or females
 No

 13. **What features are required in the accommodation? (tick any that apply)**

 Wheelchair accessible
 Level access

 A bedroom for overnight staff
 Detached accommodation

 14. **Please state any further essential requirements. E.g. access to public transport, specific amenity, garden space, ground floor bathroom, wetroom**

Please note: The greater number of essential requirements, the more time you may have to wait for accommodation to be sourced or become available.

PART THREE		Support Requirements
15. Does the prospective tenant have a diagnosed learning disability or mental health condition?	Answer YES or NO [Red Box]	
16. If YES, what is the diagnosis?	[Red Box]	
17. Is the prospective tenant able to read and/or write?	Answer YES or NO [Red Box]	
18. Does the prospective tenant require information to be provided in a particular format? e.g. Easy-read, large font, simplified language, or another?	Please state format required: [Red Box]	
19. Is overnight care required?	Answer YES or NO [Red Box]	
20. If YES, what sort of overnight care?	Sleeping staff <input type="checkbox"/> Waking night staff <input type="checkbox"/> I don't know yet <input type="checkbox"/>	
21. Which local authority is responsible for funding the care?	[Red Box]	
22. Please provide contact details for the prospective tenant's social worker	Name Telephone Email	[Red Box]
23. Please provide details of the organisation or person that will be providing care	[Red Box]	
24. Please provide details of the proposed care package (i.e. number of support hours)	[Red Box]	
25. Does the prospective tenant need help with any of the following? (Tick any that apply)	Applying for Welfare Benefits <input type="checkbox"/> Keeping their home safe <input type="checkbox"/> Paying for Utility bills <input type="checkbox"/> Paying for TV License <input type="checkbox"/> Cooking <input type="checkbox"/> Keeping their home clean <input type="checkbox"/> Making a complaint <input type="checkbox"/> Understand their rights and responsibilities as a tenant <input type="checkbox"/> Reporting Maintenance Faults <input type="checkbox"/> Getting on with neighbours and co-tenants <input type="checkbox"/> Carrying out weekly shopping <input type="checkbox"/> Managing their money <input type="checkbox"/> Arranging contents insurance <input type="checkbox"/> Maintaining their garden <input type="checkbox"/>	
26. Is there any history of tenancy issues that may affect the applicant's ability to adhere to the terms of the tenancy agreement? Issues may be: <ul style="list-style-type: none">• Non-payment of rent,• Noise complaints,• Anti-social behaviour• Damage <u>Please also state any criminal convictions</u> (Please see note)	[Red Box]	
	Note: Schedule 2, Part II of the Housing Act 1988 reads: 'Grounds on which Court may Order Possession.... ...17. The tenant is the person, or one of the persons, to whom the tenancy was granted and the landlord was induced to grant the tenancy by a false statement made knowingly or recklessly by— (a)the tenant, or (b)a person acting at the tenant's instigation.	

PART FOUR

27. Does the tenant have sufficient mental capacity to enter into a tenancy agreement?
(Please tick one box)

Mental CapacityYes No ***DOCUMENT REQUIRED: Mental Capacity Assessment**

Note: if a tenant lacks capacity to enter into the agreement, it can only otherwise be signed by a power of attorney or deputy appointed by the Court of Protection. To comply with the Mental Capacity Act 2006 and the guidelines issued by the Court of Protection, you will need to provide proof of the deputyship order issued by the Court of Protection. If an order can't be provided or the tenant has been assessed as lacking capacity to sign the agreement but a deputy hasn't been appointed, a license may be issued prior to the order being received.

28. If the tenant lacks capacity, who will be signing the tenancy agreement?

Court Appointed Deputy Court appointed Power of Attorney **Name and contact details:**

29. Who is responsible for managing the tenant's finances?
(Please tick one box)

Tenant
Local Authority
Support Provider

Court Appointed Deputy
Court appointed Power of Attorney
Other (please state below)

30. Please provide the contact details of any organisation or person who manages the prospective tenant's money

Tel:

Email

31. Is the prospective tenant classed as 'Severely Mentally impaired', for the purposes of Council Tax?

Answer YES or NO

Note: For Council Tax purposes a person is considered as being severely mentally impaired if he or she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent.

PART FIVE**Income and Benefits**

32. Is the tenant in receipt of the following welfare benefits?

	Name of Benefit	Amount per week	Date awarded from
Disability Living Allowance (DLA) Care Component	<input type="checkbox"/>		
Disability Living allowance (DLA) Mobility component	<input type="checkbox"/>		
Personal Independence Payment (PIP)	<input type="checkbox"/>		
Employment and Support Allowance (ESA)	<input type="checkbox"/>		
Income Support	<input type="checkbox"/>		
Severe Disability Premium (SDP)	<input type="checkbox"/>		
Universal Credit	<input type="checkbox"/>		

Note: If the tenant is not presently in receipt of these benefits they may be able to claim them if they are moving from family care, school, hospital or a residential service

Note: Although EHSL can provide support with benefits; we cannot apply for these on behalf of our tenants or take any responsibility for non-payment of rent if Housing Benefit will not pay the rent in full.

33. If the tenant is in receipt of DLA care component, please state which rate:

Lower rate Middle Rate Higher Rate

34. Please state any other benefits received, have been applied for, or you are waiting to hear about

35. Approximately how much capital, savings or investments does the applicant have? This includes bank accounts, savings, shares, property

Note: If you have more than £16,000 saved you will not be eligible to claim Housing Benefit

Please provide any other relevant financial information here:

36. Does the applicant receive any income other than from Welfare Benefits?	Answer YES or NO Type of income e.g. from working, a pension, maintenance or other	
37. If YES, please provide details of the nature and amount of these payments Write on the back of the form if necessary		£ Each Week
38. Does the applicant currently claim Housing Benefit?	Answer YES or NO	
39. If YES, what is the claim reference number		
40. Which local authority has awarded Housing Benefit?		
PART SIX		Consent to discuss application and share information
41. Are you happy to share the following information/documents with us, or authorise the relevant bodies to do so?	<p style="text-align: right;">Yes or No</p> <p>Welfare Benefit award notifications (from DWP) <input type="checkbox"/> - <input type="checkbox"/></p> <p>Support Plan (by Social Worker or Support Provider) <input type="checkbox"/> - <input type="checkbox"/></p> <p>Housing Benefit application information (From HB office) <input type="checkbox"/> - <input type="checkbox"/></p> <p>Placement Agreement (From Social Services or Support Provider) <input type="checkbox"/> - <input type="checkbox"/></p> <p>Confirmation of diagnoses (from Doctor/medical staff) <input type="checkbox"/> - <input type="checkbox"/></p>	
		Note: This will assist EHSL to ensure that the tenant is claiming the correct benefits, exemptions and rate of Housing Benefit. If you grant consent to share this information but cannot provide it, we will speak to the holders of this information (such as DWP, Social Services, Housing Benefit etc.) to obtain a copy
PART SEVEN		Other Information
42. Please use this section to provide any further information that you feel may be relevant		
PART EIGHT		Signatures and Declaration
43. I understand and agree with the following:		
<ul style="list-style-type: none"> • EHSL will use this information to determine whether it can offer supported housing to the person being referred. • EHSL may use any information provided on this form in connection with this. • EHSL and the nominated care provider will share information relating to any tenancy issued, including the rent account and any matters that may constitute a breach of tenancy. • If inaccurate or incomplete information is provided and a tenancy is issued, any housing benefit award may be restricted below the level of the rent and the tenant will be required to contribute to the rent from their other income or savings. 		
44. I Declare that the information I have provided is correct and complete.		
Signature		Date DD/MM/YYYY
Name		
Relationship to prospective tenant		
PART NINE		Optional Data Collection
45. If you wish to state the tenant's ethnicity, please do so here.		
This is the end of the form		