

## Referral for Supported Accommodation



Auckland Home Solutions CIC is a national, not-for-profit, registered provider of social housing. We provide homes for people who need help to live more independently and who would otherwise have difficulty finding a home elsewhere.

We only provide accommodation that we would be happy to live in ourselves. We know that if we provide good quality services, people will choose us to be their landlord and choose to stay with us for a long time.

AHS is not a care provider, but we do work closely with outstanding providers to make sure that the people we house receive the care and support they need in a safe environment.

Please complete this form with as much detail as possible and be honest - do not be afraid of telling us things that might scare other landlords. It means that we can look for and/or adapt accommodation that best suits your needs.

### Applicant Summary

First Name (s)		Surname	
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Title		Any previous names?	
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Date of Birth		National Insurance Number	
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Current Address (Including Postcode)	
Contact details (mobile & email address)	

Please provide details of anyone who will be living with the applicant

First Name	Surname	D.O.B	Gender	Relationship to applicant

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Would you like us to speak to anyone about your application?

(Include details of Support Workers/Care Manager, OT's, Nurses, Support Services, other carers)

Name	
Organisation	
Address (Including Postcode)	
How do you know them?	
Contact details (mobile & email address)	

Name	
Organisation	
Address (Including Postcode)	
How do you know them?	
Contact details (mobile & email address)	

Name	
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**Where do you live now?**

What type of accommodation is it?	
Are you a tenant, lodger, owner or other?	
If you are a tenant, lodger etc., who is your landlord?	
Do you live alone or share with others?	
How long have you lived here?	
Is this your permanent home?	
Please tell us why the place you live in now is not suitable?	

**Where would you like to live:**

Which area would you like to live in?	
What type of accommodation are you looking for? E.g., apt/bungalow/house shared/selfcontained.	
Do you have any mobility problems? (Please give us as much detail as possible)	

Do you have any disabilities or health problems? (Please give us as much detail as possible)	
Do you require support to help you live more independently? (If yes, please explain)	
Do you receive a support package, or have you been told you will receive funding for support? If so, how many hours/who provides the support?	
If yes, how is this funded?	
Are you subject to s.117 Aftercare?	

Do you consider yourself to be ... (Please tick only one)			
White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African <input type="checkbox"/> Other	
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
Chinese or other ethnic group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	
I prefer not to answer this question	<input type="checkbox"/>		

### **Applicant's Assessed Needs**

Applicant's Assessed Needs/Issues	Main	Secondary		Main	Secondary
Physical Disability?	<input type="checkbox"/> Tick one	<input type="checkbox"/> Tick one	Violence towards others?	<input type="checkbox"/> Tick one	<input type="checkbox"/> Tick one
AIDS / HIV?	<input type="checkbox"/>	<input type="checkbox"/>	History of Arson?	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative and debilitating illness?	<input type="checkbox"/>	<input type="checkbox"/>	Anti-Social Behaviour?	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	Vulnerability form others?	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health related problems?	<input type="checkbox"/>	<input type="checkbox"/>	Frail older person	<input type="checkbox"/>	<input type="checkbox"/>
Drug related problems?	<input type="checkbox"/>	<input type="checkbox"/>	Rent arrears	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related problems?	<input type="checkbox"/>	<input type="checkbox"/>	Are you subject to any Ministry of Justice restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
Leaving penal establishment / probation referral?	<input type="checkbox"/>	<input type="checkbox"/>	Other		
Health Condition e.g. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Please describe Health Condition		

**provide details to any of the above you have ticked, and any other support needs you require.**

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**Person Making the Referral**

Name	
Organisation	
How are you known to the applicant?	
Contact Details (incl. telephone number and email address)	

**Does the Applicant agree to this referral being made?** Yes  No

**What are the reasons for the referral?** (Please continue on a separate sheet if necessary)

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### Applicant to complete (Where Possible)

I confirm that this referral has been discussed with me and I agree to it being sent to AHS CIC

Signature		Date	
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### Authorisation to obtain and share information

#### Data Protection Act and General Data Protection Regulations (GDPR)

There are rules about how organisations should collect, use, and share personal information. These rules are set out in the Data Protection Act 1998 and the General Data Protection Regulations introduced in 2018 and we must comply with them.

AHS CIC provides a service that offers you assistance and advice in relation to your housing needs. To do this properly we may need to obtain further information about you from others or share information with others which may contain personal data.

The rules set out in the Data Protection Act and the GDPR say that we need to have your permission to obtain personal information relating to you from other and to share information about you with others. We will keep the information we obtain confidential and only use it for the purpose described below.

If you are happy for Auckland Home Solutions CIC to do this, please sign below.

#### Permission to obtain information

I give permission for Auckland Home Solutions CIC to:

- Hold personal information about me.
- Request further information about me from a third party and/or
- Share information about me with a third party, which may be held under the Data Protection Act 1998 and the GDPR for the purpose of assisting with my housing situation and related issues.

I also authorise ---**Housing Officers**---- of AHS CIC to act on my behalf and in my interest to the purpose described above.

Signature		Date	
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Please return to: - [info@ahscic.co.uk](mailto:info@ahscic.co.uk)



## Referral for Supported Accommodation – Part 2

Information required for Housing Benefit Application:

<b>Name:</b>		<b>Address:</b>			
<b>Do you receive/have you applied for</b>		<b>Which Rate</b>	<b>How Much</b>	<b>How Often</b>	<b>Start Date</b>
Universal Credit?	Y / N				
If your answer is Y, do you get the Housing Element Cost of Universal Credit?	Y / N				
Income Support, Incomebased JSA, Pension Credit?	Y / N				
Employment & Support Allowance (ESA)	Y / N	Assessment Phase Main Phase			
Please specify the components you receive		Work Related Group Support Group			
Contribution Based Income Based					
Disability Living Allowance (DLA) – Care?	Y / N	Higher Medium Lower			
Disability Living Allowance (DLA) – Mobility?	Y / N	Higher Lower			
Personal Independence Payment (PIP) – Daily Living?	Y / N	Enhanced Standard			
Personal Independence Payment (PIP) – Mobility?	Y / N	Enhanced Standard			
Attendance Allowance?	Y / N				
Child Benefit?	Y / N				
Any other benefits or allowances? Please specify	Y / N				
Do you have any income from employment?	Y / N	Hours Worked?			
Do you receive any money from any other sources?	Y / N				
<b>Name of Bank, Building Society etc.</b>		<b>Sort Code</b>	<b>Account Number</b>		<b>Balance</b>


Completed By \_\_\_\_\_ Date \_\_\_\_\_

Please continue on separate sheet if there is any additional information we may need to know.