



SPECIALISED SUPPORTED HOUSING APPLICATION FORM

ABOUT ENCIRCLE HOUSING

Encircle Housing is a specialist housing association providing rented accommodation across England, Wales, and Northern Ireland.

We provide specialised supported housing for people with a learning disability, mental health needs, deaf and blind sensory impairments, and physical disabilities. We also house the homeless and people leaving care homes.

We want to make sure a person moves into a suitable home, and that they have support to maintain their tenancy. We work closely with social services, the tenants and their families, care providers, landlords and other professionals every step of the way, from the referral to a person living in their new home.

WHAT IS SPECIALISED SUPPORTED HOUSING?

Specialised supported housing is where housing and support and/or care services are provided separately to help people to live as independently as possible within their home and community.

APPLYING FOR A HOME WITH ENCIRCLE HOUSING

The assessment of this housing application will ordinarily take no longer than five working days to be processed, subject to receipt of all required documents. We will keep the applicant informed throughout the process, get to know the applicant and work alongside their family and professionals.



COMPLETING THIS FORM

There are three different ways you can complete this form; by email, paper form and an online version.

The online form should take approximately 30 minutes to complete. You can complete it in stages by saving the details as you go along and go back to it. Once you have completed all the stages, you can submit the form to us.

Please read this form carefully and **complete all relevant sections with full details.**

1. GENERAL INFORMATION

A	Does the applicant have a learning disability, mental health needs, autism, sight impairment and/or hearing impairment?	Yes	No
B	Is the applicant homeless?	Yes	No
C	Is the applicant 18 or over, or are they a care leaver 16 or over?	Yes	No
D	Does the applicant need support to maintain a tenancy?	Yes	No

If yes has been ticked, please enclose the support plan.

E	Is the applicant registered on the local housing register?	Yes	No
F	Does the applicant have appropriate funding and personal support provision?	Yes	No

2. ABOUT THE PERSON COMPLETING THIS FORM

A	Applicant If you have ticked this box, please go to Section 4	Other If you are completing the form on behalf of the applicant, please provide your details below
B	First name/s	
C	Surname	
D	Relationship to the applicant (Family member, advocate, appointee, social worker)	
E	Address	
	Postcode	
F	Telephone number	
G	Mobile number	
H	Email address	

3. APPLICANT'S DETAILS

A First name/s

B Surname

C Any previous names

D Address

Postcode

E Telephone number

F Mobile number

G Email address

Other information

H Date of birth

I Age 16-19 20-29 30-39 40-49 50-59 60+

J Applicant identifies as Male Female Other, please specify:

Prefer not to say

K National insurance number

L Does the applicant smoke? Yes No

Language

M What is the applicant's first language?

N Does the applicant speak English?

O Applicant employment status

Full time employment

Not seeking work

Part time employment (under 16 hours)

Full time student

Government training

Other status – please specify:

Job seeker

Retired

Prefer not to say

Unable to work

P If are you in full or part time employment, what is your monthly income?

4. APPLICANT'S ETHNICITY

A	Asian or Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background	Black, Black British, Caribbean, or African Caribbean African Any other Black, Black British, or Caribbean background
	White English, Welsh, Northern Irish or British Irish Roma Gypsy or Irish traveller Any other white background	Mixed or multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other mixed or multiple ethnic background
		Other ethnic group Arabic Other ethnic group

5. COMMUNICATION

A	How would the applicant like us to communicate with them? Please tick all that apply:			
	Website	Letter	Email	Phone
	Text	WhatsApp	Twitter	LinkedIn
	Other. Please specify:			

6. APPLICANT'S CONTACTS

A Does the applicant have any of the following - please tick and provide details for all that apply:

<input checked="" type="checkbox"/>	Organisation/ representative	Name	Address	Email	Telephone number
		Social worker			
		Care provider			
		Next of kin			
		Appointee			
		Relative			
		GP			
		Deputy			
		Independant advocate			
		Power of Attorney			
		Occupational Therapist			
		Care Managers			
		Nurses			
		Other carers			
		None of the above			

7. APPLICANT'S CURRENT ACCOMMODATION

A What type of property does the applicant currently live in?

B Is the applicant currently: Tenant Lodger Owner
Other. Please specify

C Does the applicant: Share their home Live on their own

D Is this the applicant's permanent home? Yes No

E How long has the applicant lived at the property?

F Why is the property no longer suitable? (Please provide full details)

G Why would the applicant like to move? (Please provide full details)

8. PREVIOUS ACCOMMODATION

A Where has the applicant previously lived?

Family home

No home/homeless

Other supported housing

Residential care

Hospital – short stay

Long stay hospital

Prison

Other. Please specify:

B Please list the applicant's addresses for the last five years

Address	Date moved in	Date moved out	Reason for moving (if applicable, include rent arrears amount)
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C Has the applicant ever been evicted from a tenancy? Yes No

If yes has been ticked, please provide an explained below.
For example, due to rent arrears or anti-social behaviour

9. FUNDING FOR PERSONAL CARE

A Are the Adult Social Care Team or Commissioner aware of the application and agree that the applicant requires specialist supported housing with individual care and support to live independently within the community? If no, we are unable to proceed with application.

Yes No

B **Adult Social Worker or Commissioner to complete**

I can confirm that the applicant

requires Specialist Supported Housing at the following address

and we understand that the rent is £ is inclusive of service charges.

Adult Social Worker or Commissioner's signature (type name in the box)

C Has the Adult Social Care Team or Commissioner agreed the personal care package?

Yes No

D If yes, how many hours?

How many 1-2-1 hours

How many shared and/
or overnight hours?

E How is this funded?

F Please provide details of the Social Worker supporting the application

Name

Job Title

Organisation

Telephone

Email

G Does the applicant have any personal support that is not funded by the local authority or health authority – such as day care or family support?

Yes

No

If yes, how many hours each week?

10. OTHER HOUSING OPTIONS

Has the applicant done any of the following:

Registered with the local authority/housing options team or service

Applied for any other housing

Registered with any other housing providers or housing association

Been offered or refused any alternative suitable accommodation

None of the above

11. APPLICANT'S PERSONAL CARE AND SUPPORT NEEDS

A Does the applicant have any of the following – please select all that apply:

Learning disability

Autism

Mental health issues

Hearing impairment

Sight impairment

Registered deaf or blind

Physical disability

Poor mobility

Multiple diagnosis

Other – including homeless. Please specify:

12. GUIDE DOG

A Does the applicant have a guide dog? Yes No

13. APPLICANT'S HISTORY

A Does the applicant have any history of:

Drug/substance misuse

Department of Justice (Northern Ireland only)

Violence towards others

Alcohol misuse

Arson

Vulnerability from others

Anti-social behaviour

Rent arrears

Ministry of Justice restrictions
(England and Wales only)

Mental health issues that affect the
applicant's accommodation

B If yes to any of the above, please provide details:

14. OTHER PERSONAL INFORMATION

A Has the applicant been subject to any of the following – please select all that apply:

Detained under the Mental Health Act

Criminal charges, orders, or offences

Safeguarding concerns

Multi-agency Public Protection
Arrangements (MAPPA)

Other – please specify

Please provide more details:

If the applicant has been convicted of a crime, please provide details of all charges, fines, and prison sentences spent or unspent.

B If the applicant been in hospital due to a mental health condition – is the applicant receiving Section 117 Aftercare? (not applicable in Northern Ireland)

Yes

No

Please provide more details:

15. CAPACITY

A Does the applicant have the capacity to sign a tenancy?

Yes No

16. IF THE FORM IS BEING COMPLETED ON BEHALF OF THE APPLICANT

This section is only to be completed by a person filling in this form on behalf of an applicant.

If you are the applicant, please go to **Section 18**.

A Has the applicant or their legal representative given their consent for you to complete this form on their behalf? Yes No

If yes, please specify:

B If no, has a Best Interest Meeting taken place? Yes No

If yes, please provide their contact details:

Name

Relationship to the applicant

Telephone

Email

17. FINANCIAL INFORMATION

A Does the applicant receive or applied for – tick and complete details for all that apply:

Type of benefit

Reference number

How much?

How often?

Start date

Housing Benefit

B

Type of benefit

Which rate?

How much?

How often?

Start date

Universal Credit

Income Support

Income based JSA

Pension/Pension Credit

Employment and
Support Allowance (ESA)

Assessment phase

Main phase

Work related group

Support group

Contribution based

Income based

Disability Living
Allowance (DLA) - Care

Higher

Medium

Low

Disability Living
Allowance (DLA) -
Mobility

Higher

Lower

Personal Independence
Payment (PIP) – Daily
Living

Enhanced

Standard

Personal Independence
Payment (PIP) – Mobility

Enhanced

Standard

Attendance Allowance

Child Benefit

Any other benefits or allowances
– please specify and provide details

C Does the applicant have an interest or own any property, land, caravan, mobile home and/or investments?

Yes No

If yes, please provide details:

D Does the applicant have any capital and/or savings over £16,000?

Yes No

If yes, please provide details:

E	Name of bank/building society	Sort code	Account number	Balance
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18. ABOUT THE PROPERTY

A What property would the applicant consider living in?

Flat	Bungalow	House	Ground floor
Level access	Fully wheelchair accessible		

B Does the applicant want to live:

On their own	Near others (in an apartment within a block of flats)	Near others (in a property shared with others and shared facilities)
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C What area would the applicant like to live - for example, Leeds or Gloucester?

D Are there any needs or risk factors to consider about the property – for example not living on a main road?

E Are any adaptations to the property required – for example handrails?

- F Can the applicant self-evacuate this property in an emergency?
- G Does the applicant require an extra bedroom to accommodate overnight/sleepover support?
- H Would the applicant consider shared accommodation?

19. ADDITIONAL INFORMATION

- A Please tell us anything else we should know about the applicant and the accommodation you are looking for – such as support needs, your ability to live with or near others or any other requirements or any known needs for the future.

20. DECLARATION AND CONSENT

A Declaration

I, hereby give my permission for Encircle Housing Association to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police record information gathered about me, in order to carry out their landlord duties. As such my rights under the Data Protection Act will not be affected and my Landlord will adhere to the GDPR Guidelines to protect my personal information.

Tick this box to confirm you have read and agree to the above declaration.

B Consent

I understand that personal information is held about me. I have had the opportunity to discuss the implications of sharing or not sharing information about me.

I agree that personal information about me may be shared and gathered from the following agencies:

- Local authority's Housing Benefits Department and Council Tax Department
- NHS and other health services, including my GP practice
- Early intervention service including the police
- Adult services
- Mental health services
- Education support services
- Social care
- Voluntary sector organisations, such as Age Concern, Mind
- Housing providers

Please list below any agencies you do not want us to share or gather additional information with:

You agree to your information being shared and gathered between services.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process or wish to withdraw your consent please contact Encircle Housing Association on Telephone No. **0330 390 0517** or email us at [**contactus@encircleha.co.uk**](mailto:contactus@encircleha.co.uk)

C Written consent by the applicant

My support worker has discussed with me how and why certain information about me may need to be provided to other service providers. I understand the recommendations and I hereby give my permission for the information to be shared as detailed above.

Name

Signature

Date

Signed by

Applicant

Authorised representative

Name

Witnessed

D Verbal consent

Support worker Use Only

Verbal consent should only be used where it is not practicable to obtain written consent. I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understand the proposed uses and disclosures and have provided their informed consent to these.

Name

Position

Signature

Date

Before you submit this application form

Check you have completed all the relevant questions within the 20 sections on this form and provided the following documents:

21. SUMMARY OF DOCUMENTS REQUIRED

Please submit all the documents listed below and tick to confirm they are attached.

A	Proof of identity (Passport, driving license, birth certificate etc)
B	Proof of income (Official letter from the Department of Work and Pensions or benefits office)
C	3 Months of bank statements
D	Proof of Right to Rent in the UK (Passport or birth certificate or residency permit or evidence of your immigration status)
E	Evidence of legal appointee if applicable (Court of Protection letter, appointee certificate etc)
F	Support plan (If details have not been provided in 1D)

Next step

Please send this completed form back to your Regional Housing Manager along with any required documents.



Contact us

If you have got any questions about this form, please get in touch with us:



0330 390 0517



contactus@encircleha.co.uk



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