

HINCKLEY HOMELESS GROUP



Application form for Lawrence House

Dear applicant

| | |
|-----------------|--|
| Referral agency | |
| Contact name | |
| Contact Number | |

Hinckley Homeless Group provide housing and other support services at Lawrence House and will use the information we collect from this form only to process your application to our service. 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. Please ensure that you answer all questions fully.

| | |
|----------------------------|--|
| Your Full Name (applicant) | |
|----------------------------|--|

| | |
|-----------------|---|
| Service name | Lawrence House |
| Service address | Wood Street Hinckley, Leicestershire |
| Post code | LE10 1JQ |
| Tel No: | 01455 890688 |
| Fax No: | 01455 618139 |

| YOUR DETAILS | | | |
|---|--|----------------|--|
| Current Address | | | |
| Post code | | Contact Tel No | |
| N.I Number | | Nationality | |
| Date of birth | | Age | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender | | |
| Next of kin & contact details | | | |
| Do you have someone to act as a Rent Guarantor (under 18) | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Name of Guarantor & contact details | | | |
| Name & Address of GP incl Tel No. | | | |

| | | | |
|--|--|--|--|
| YOUR HOUSING | | | |
| Are you currently homeless | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes – how long have you been homeless | | | |
| How did you become homeless? (please describe) | | | |
| Is your current housing status | | Temporary <input type="checkbox"/> | Permanent <input type="checkbox"/> Homeless <input type="checkbox"/> |
| Are you on the local housing register? Please give details | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any children? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | (if yes, please give details) |
| Where have you lived in the past? Please provide a minimum of three years. (Starting with the most recent address and include any hostel, hospital or prison stays. Please continue on a separate sheet if needed) | | | |
| 1. Address | | Was this your tenancy? | |
| Landlord | | Dates of stay (start & end) | |
| Reason for leaving | | Length of stay | |
| Arrears outstanding | | Other | |
| 2. Address | | Was this your tenancy? | |
| Landlord | | Dates of stay (start & end) | |
| Reason for leaving | | Length of stay | |
| Arrears outstanding | | Other | |
| 3. Address | | Was this your tenancy? | |
| Landlord | | Dates of stay (start & end) | |
| Reason for leaving | | Length of stay | |
| Arrears outstanding | | Other | |

| | | |
|--|---|--|
| ABOUT YOU (this will help us to make an assessment of your needs) | | |
| Do you drink alcohol? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| - if yes how often? -How does alcohol affect you? | | |
| Are you currently or have you ever been dependent on alcohol? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever used illegal drugs? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| - if yes please give details of the drugs you used and when used last | | |
| Do you have a drug or alcohol worker? - if yes please give details | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you have any of the following conditions | Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/> | |
| Do you take any prescribed drugs? - if yes please give details | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| MENTAL HEALTH | | |
| Do you have a history of any of the following? (please tick) | Psychiatric Care <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Self Harm <input type="checkbox"/> Other <input type="checkbox"/> | |
| Please give details e.g. Who involved, when, what were you treated for, current status, treatment centre | | |
| OFFENDING HISTORY | | |
| Have you ever been arrested? (if yes how many times) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Outcome |
| Do you have any previous convictions for any of the following, (insert number of offences) | Violence <input type="checkbox"/> Drugs <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Motoring Offences <input type="checkbox"/> Other <input type="checkbox"/> Please give details | |
| Do you have a probation officer or youth offending officer? | Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Address: Tel: | |
| Are you on a community service order, ASBO or any other order from the courts | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you need support with legal matters not related to offending behaviour? -Please give details | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| YOUR SUPPORT NEEDS (please tick all the boxes for things where you need support) | | |
|---|---|---|
| Housing | Keeping your room/home safe, clean and tidy <input type="checkbox"/> | Past or present problems with neighbours <input type="checkbox"/> |
| | Notice 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"/> |
| | Voluntary work <input type="checkbox"/> | Other (state) <input type="checkbox"/> |
| Diversity | Cultural needs <input type="checkbox"/> | Religious needs <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 | Are you pregnant Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | If yes, what is the baby's due date? | |
| Are there any other areas you would like support with? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please give details | | |
| Do you have anyone you can turn to for emotional support? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details | | |
| Do you have a Social Worker? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details | | |

| | | | | | | |
|--|------------------------------------|--------------------------|--|--------------------------|------------------------------|-----------------------------|
| YOUR FINANCIAL SITUATION | | | | | | |
| Do you have any debts? (Please include 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 <small>(tick all that apply)</small> | 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 | <input type="checkbox"/> |
| | Employment support allowance | <input type="checkbox"/> | Other (state) | | | |
| 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 a connexions worker? - Please give details - | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Do you have any savings over £3,000? | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes: please can you give us more details 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 can 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 services or offer of a service, including housing, or if I have already moved into Lawrence House / Hinckley Homeless Group you may take legal action, which may result in you asking me to move out. | | | |
| Signed (applicant) | | | Date |
| Print Name | | | |

| | | | |
|---|--|--|-------------|
| YOUR CONSENT TO CONTACT OTHER AGENCIES ABOUT THIS APPLICATION | | | |
| I give my permission for staff at Hinckley Homeless Group to discuss this application and all the information I have provided in this form with other agencies. | | | |
| Signed | | | Date |
| Print Name | | | |

All information supplied will be held by Hinckley Homeless Group and will remain secure and confidential. Your details will be processed fairly and lawfully in accordance with the Data Protection Act 1998.

Thank you for completing this application form

Monitoring

Please can you also complete the monitoring form attached. The information you provided 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 but we would appreciate it if you could complete it

Our commitment to you

1. We will process your application within 3 days.
2. If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail within 7 days (providing all checks have come back from Probation, Social Services etc).
3. We will keep you informed about how your application is progressing.
4. If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
5. 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 Project Manager at Lawrence House. You can do this in writing, by telephone, or in person. Their details are on the front of this form.

MONITORING

Hinckley Homeless Group are 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.

| | | | |
|-----------------------|-----------------------------------|--|------------------------------------|
| Marital status | Married <input type="checkbox"/> | single <input type="checkbox"/> | Separated <input type="checkbox"/> |
| | Divorced <input type="checkbox"/> | Other <input type="checkbox"/> (Please specify) | |

| | | | |
|---|---|--|-----------------------------|
| Do you consider yourself to have a disability? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what sort of disability? | Slight 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 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"/> | Romaine <input type="checkbox"/> | Irish traveller <input type="checkbox"/> |
| | Other <input type="checkbox"/> | | |
| Prefer not to say (please tick) | <input type="checkbox"/> | | |

| | | | | |
|------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Sexuality | Heterosexual <input type="checkbox"/> | Gay man <input type="checkbox"/> | Lesbian <input type="checkbox"/> | Bisexual <input type="checkbox"/> |
|------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|

| | |
|-----------------|--|
| Religion | |
|-----------------|--|

| | |
|--------------------------------------|--------------------------|
| Refuse to answer this section | <input type="checkbox"/> |
|--------------------------------------|--------------------------|