Under the **Homeless Reduction Act 2018**, statutory agencies have a **duty to refer** anyone they are aware of as homeless or at risk of becoming homeless, to the relevant local authority. **Please ensure you have done this first**; applications can be completed on all local council web site. The local authority will then assess if support from Two Saints is needed and refer directly to us. As of August 2019 we will only accept referrals from local authorities and adult social care.

**Appendix 1 - Application form**

**Please send the referral form to relevant email below for the area where services are required.**

**We will acknowledge receipt of your referral by a return email.**

[PeirsNewForest@twosaints.org.uk](mailto:PeirsNewForest@twosaints.org.uk)

|  |  |
| --- | --- |
| **Title:**  **Name:**  **Like to be called:** | **Date of Birth:**  **Age:**  **National Insurance Number:** |
| **Current Address/Sleeping Site:**  **Type of Accommodation:**  **Landlord:** | **Referrer (Name and Contact Details):** |
| **Contact Telephone Number:**  **Email address:** | **Date of Referral:**  **Date Service Required:** |

Please select which service you are applying for. You can tick more than one box if appropriate. Please note that we may offer alternative services or signpost to other agencies following initial review of referral and/or after assessment. Any changes to service allocation will be communicated with the district lead and the client.

|  |  |  |
| --- | --- | --- |
| **Service** | **Area** | **Tick box** |
| Stage 1 intensive support accommodation based service: single homeless. (hostels) (can be accessed countywide) | Fareham and Gosport (101) |  |
| Test Valley (Dene Court) |  |
| Winchester (Westview) |  |
| Winchester (Sussex Street) |  |
| Short term stage 2 move on accommodation service (single homeless) (for clients with local connections to each district only). | Eastleigh |  |
| Fareham and Gosport |  |
| Havant |  |
| South East Hampshire |  |
| Test Valley |  |
| Winchester |  |
| Community support , who may be in a variety of situations(for clients with local connections to each district only) | Eastleigh |  |
| Fareham |  |
| Gosport |  |
| Gosport private rented accommodation scheme |  |
| Havant |  |
| New Forest |  |
| South East Hants |  |
| Test Valley |  |
| Winchester |  |
| Fareham and Gosport |  |
| Outreach (for clients rough sleeping in these areas only) | Test Valley |  |
| Winchester |  |
|  |  |

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| --- |
| 1. **Gender** (please delete as appropriate): Male/Female |
| **Sexuality** (please delete as appropriate): Bisexual/Heterosexual/Lesbian/Gay Man/Transgender/Declined |

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| 1. **Support** |  |
| Have you ever been a member of the Armed Forces? | Yes/No |
| Is/has any member of your family been in the Armed Forces | Yes/No |
| Which Service? | |
| Do you need support because of Domestic Abuse or Violence? | Yes/No |
| Have you ever been in Local Authority Care? | Yes/No |
| Are you aged 18 - 21 and a care leaver? | Yes/No |

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| --- | --- | --- | --- |
| 1. **Ethnic Origin** – **Do you regard yourself as:** | | | |
| White: British |  | Asian/Asian British: Pakistani |  |
| White: Irish |  | Asian/Asian British: Bangladeshi |  |
| White: Gypsy or Irish Traveller |  | Asian/Asian British: Chinese |  |
| Any Other White background, please describe |  | Any other Asian background, please describe |  |
| Mixed White and Black Caribbean |  | Black/Black British: Caribbean |  |
| Mixed White and Black African |  | Black/Black British: African |  |
| Mixed White and Asian |  | Any other Black / African / Caribbean background, please describe |  |
| Any other Mixed / Multiple ethnic background, please describe |  | Arab |  |
| Asian/Asian British: Indian |  | Any other ethnic group, please describe |  |
|  | | | |

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| 1. **Next of Kin** | |
| This person will only be contacted, or information divulged to them, in an emergency | |
| Name: | Relationship: |
| Address: | Phone Number: |

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| --- | --- | --- | --- |
| 1. **Cultural and Religious Needs – What is your religion?** | | | |
| No Religion |  | Do not wish to disclose |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  | Jewish |  |
| Buddhist |  | Muslim |  |
| Hindu |  | Sikh |  |
| Any other religion (please describe) |  |  | |
| Do you have any religious or cultural needs? Yes/No  (If yes please specify) | | | |

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| --- | --- |
| 1. **Communication Skills** | |
| 6.1 Do you need help to improve your numeracy (number skills)? | Yes/No |
| 6.2 Do you need help to improve your literacy (reading and writing)? | Yes/No |
| what is your preferred language? |  |

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| 1. **Managing Money** (Linked to Achieve Economic Well-being) | |
| **We need to know about your finances to make sure that you can manage your money or offer you support to do so** | |
| 7.1 Are you able to access benefits in the UK? | Yes/No |
| 7.2 What is your current source of income? Please list all benefits you are receiving or waiting for a decision on. |  |
| 7.3 When is your next pay date? |  |
| 7.4 How much do you usually receive? |  |
| 7.5 How often are you paid? |  |
| 7.6 Do you have a bank, building society or Post Office account? | Yes/No |
| 7.8 Any outstanding debts?  If yes please give details below, | Yes/No |
| Are you currently in employment? | Yes/ No |
| If yes – where and how many hours? |  |
| Have you been employed in that last 2 years? | Yes/No |
| Do you have any money now? | Yes/No |
| Do you have any savings? | Yes/No |
| Have you ever had a problem with gambling? | Yes/No |
| 7.9 Do you need gambling support? | Yes/No |

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| --- | --- | --- | --- | --- |
| 1. **Managing a Tenancy and Accommodation** (Linked to Staying Safe, Achieve Economic wellbeing) | | | | |
| We need to know about your housing history so that we can support you in the most positive way | | | | |
| 8.1 Please provide a history of your housing for the last two years; where you lived, the dates and why you left | | | | |
| Address | | Dates (from and to) | Reason for Leaving | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
| If you lived in more than 3 places in the last 2 years please use the additional information page at the back | | | | |
| 8.2 Do you hold a tenancy at any other address? Yes/No  If yes please give details | | | | |
| * 1. Has a local connection been established by the referrer? Yes/No - which area? | | | | |
| Do you currently live with anyone else?  If yes please list below | | | | Yes/ No |
| Name: | Name: | | Name: | |
| Relationship: | Relationship: | | Relationship: | |

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| --- | --- | --- |
| 1. **Physical and Mental Health** (Linked to Be Healthy, Stay Safe and Make a Positive Contribution) | | |
| It will help the people who support you to know of any health issues that may impact on your housing needs | | |
| 9.1 Do you have any urgent physical health needs?  If yes, please give details below | | Yes/No |
| 9.2 Are you taking any medication for physical health needs?  Please list medication, strength and regularity | | Yes/No |
| 9.3 Do you have enough of this medication with you? | | Yes/No |
| 9.4 Do you have any mobility issues?  If yes, please give details below | | Yes/No |
| 9.5 Do you consider yourself to have a disability?  If yes, please give details below | | Yes/No |
| 9.6 Do you have any mental health support needs?  If yes, please give details below | | Yes/No |
| 9.7 Are you taking any medication for mental health needs?  Please list medication, strength and regularity | | Yes/No |
| 9.8 Do you have enough of this medication with you? | | Yes/No |
| 9.9 Are you currently or have previously been receiving support with your mental health? | | Yes/ No |
| If yes – what service provided support, from who and when did this start and end? | | |
| 9.10 Are you entitled to Section 117 after care support? | | Yes/ No |
| Doctor |  | |
| Surgery |  | |
| Telephone number |  | |
| Dentist registration | | Yes/ No |
| Dentist |  | |
| Dentist Surgery |  | |
| Telephone number |  | |
| Known allergies |  | |
| How many times have you visited A&E in the last 6 months | |  |

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| --- | --- | --- | --- | --- |
| 1. **Drug and Alcohol Misuse** (Linked to Achieve Economic Well-being, Be Healthy, Stay Safe) | | | | |
| It is helpful for us to know about any alcohol or drug issues you may have | | | | |
| 10.1 Do you drink alcohol? | | | | Yes/No |
| 10.2 If so, do you or anyone else see your alcohol use as a problem?  If yes, please give details | | | | Yes/No |
| 10.3 Do you use non-prescribed drugs, solvents or “legal highs”?  If yes, please give details of what you use and how often | | | | Yes/No |
| 10.4 Do you misuse any prescribed drugs?  If yes, please give details of what you use and how often | | | | Yes/No |
| 10.5 If you answered yes to either 10.3 or 10.4, do you or anyone else see your drug use as a problem? If yes, please give details | | | | Yes/No |
|  | Substance 1 | Substance 2 | Substance 3 | |
| Type of drug |  |  |  | |
| Frequency |  |  |  | |
| Date last used |  |  |  | |
| Current? | Yes/No | Yes/No | Yes/No | |
| Support received from |  |  |  | |

|  |  |
| --- | --- |
| 1. **Offending** | |
| 11.1 Do you have a history of offending?  If yes, please give details of convictions including dates and sentences | Yes/No |
| 11.2 Do you know if you are currently subject to any of the following? | |
| Bail | Yes/No |
| Community Order | Yes/No |
| Post Release Supervision  If yes, is this Statutory or Voluntary (please circle) | Yes/No |
| Other (e.g. Home Leave) | Yes/No |
| Do you have any pending court cases? | Yes/No |
| Have you completed a probation or community order within the last 2 years? | Yes/ No |
| Are you on probation order, license, tag? | Yes/ No |
| Are you registered under MAPPA section 117? | Yes/ No |
| If yes please give details: | |

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| --- | --- | --- | --- | --- |
| 1. **Learning/ Communication needs** | | | | |
| Do you have a learning disability? | | | | Yes/No |
| If yes are you receiving support for it? | | | | Yes/No |
| Details of learning disability | | | | |
| Do you have any communication needs we need to be aware of? | | | | Yes/No |
| If yes please identify below | | | | |
| Blind or Partially sighted | Hearing impaired | Lip Reader | Sign Language | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Family/Personal Relationships** | | | | |
| Do you have any children | | | | Yes/No |
| How many children do you have under the age of 18? | | | |  |
| Childs name |  |  |  | |
| Date of birth |  |  |  | |
| Age |  |  |  | |
| Gender |  |  |  | |
| Currently living with |  |  |  | |
| Do you have any restrictions in place that prevent you from seeing/speaking to your child/children?  If yes please comment: | | | | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Agencies** | | | |
| **If you receive support from other agencies it is helpful if we know who they are so that we can make sure your support plan includes any help they are offering you. This will mean that your support is coordinated.** | | | |
| Name of Agency | Name of Worker | Contact Details | How often do you get support? |
|  |  |  |  |
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Additional notes and information

|  |  |
| --- | --- |
| **Permission to Gather and Share Information** | |
| **I agree to be nominated for assessment for the Prevention Early Intervention and Resettlement Service.**  Pl I understand that by signing this form I am giving permission for Two Saints and their  partners to contact the agencies identified in section 12 of this application form.  **All information on this form will be shared with the appropriate Housing Authorities within the geographical area and the service provider for the area of support required.** | |
| **Signed:** | **Date:** |
| **Print name:** | |
|  | |
| **Signing the whole Form** | |
| Position Interviewer.......................................................    Signature of Interviewer...........................................................................  I confirm that the information I have given is accurate and complete to the best of my knowledge. If it is later found that I have omitted or mis-stated important information my accommodation/support may be at risk. I also agree to work with Two Saints and other agencies support staff in the interests of gaining support for my needs and securing more appropriate accommodation. I understand that failing to show commitment to the above action plan may result in my accommodation being at risk.  Signed ………………………….................................................................(Applicant)  Name in block capitals …………………………………………………………......... | |

# Data Protection Statement

Two Saints and its partners respects individuals privacy and has notified (registered with) the Information commissioner who is responsible for the administration of the Data Protection Act 1998.

By submitting this referral form you agree to our processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate services on your behalf.

Information will be kept secure and confidential, and will only be disclosed to those parties who have a legal and legitimate reason to know.

As data controller, we will not keep your information longer than necessary.

You have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you.

# Appendix 4 – priority matrix

**Prioritisation framework for accommodation based services agreed by the County Supported Housing Panel Steering Group in November 2013** *Access and referral processes for supported housing units will be agreed locally in partnership with district/borough housing needs teams during the implementation period.*

|  |  |
| --- | --- |
| Priority Level | criteria |
| *1* | |  | | --- | | Evidence that the applicant is vulnerable, street homeless and no other options are available  . The applicant is in a Stage 1 service and ready to move on  . The applicant is in emergency interim accommodation provided by the district Council  . The applicant is open to the Hampshire County Council Community Independence . . . . Team and faced with imminent homelessness  . The applicant is currently in hospital and requires an accommodation based service before they can be discharged  . High risk offenders where that individual has been assessed by the district housing department as at risk of homelessness  . Safeguarding concerns related to the applicants current housing situation | |
| *2* | The applicant is faced with imminent homelessness and all other options have been explored  . The applicant is sofa surfing and all other options have been explored |
| *3* | . None of the above apply |

Initial date of application should be used to prioritise referrals within each priority band.

Services will be targeted at those in the greatest need and at greatest risk. The prioritisation framework will therefore have a level of flexibility built in to take into account the risks an individual may be exposed to if a timely response is not available.

In some circumstances, it may therefore be appropriate to allocate a vacancy outside of the priority framework. The following factors should be taken into account when establishing whether this approach is required:

* Risks associated with homelessness
* Risks an individual may present to self and or others
* Risks from others
* Risk of offending

Balance of support needs/ risks of service users within a scheme