

Referral Form: Supported Housing

To best understand the housing needs of the applicant, and to conclude if we can offer accommodation, please ensure that all questions are answered, and that any supporting documentation is made available. **Without this information we will be unable to offer accommodation or complete an application.** The application form **must** be signed or verified by a local authority professional from the department making a referral.



Community Support CIC

Section A

Applicant Personal and Contact Details

| | | | | |
|---|-------------------------------------|------|--------|-------|
| 1 | Name of proposed tenant | | | |
| 2 | Date of birth (DD/MM/YYYY) | / | / | |
| 3 | National Insurance Number | | | |
| 4 | Gender | Male | Female | Other |
| 5 | Last previous address resided in | | | |
| 6 | What was the type of accommodation? | | | |
| 7 | Referrer name | | | |
| 8 | Referrer email and contact number | | | |
| 9 | Relationship to applicant | | | |

Section B

Housing Requirements

| | | | | |
|---|---|--|---|------------------|
| 1 | Any risk of homelessness? | Yes | No | If YES, by when? |
| 2 | Desired accommodation location? | | | |
| 3 | Can applicant live with others? | Yes, only with males Yes, only with females | Yes, with males or females No | |
| 4 | Any specific accommodation needs? | Wheelchair accessible Level access | A bedroom for overnight staff Detached accommodation | |
| 5 | Any further essential requirements? (e.g. access to public transport, specific amenity, garden space, ground floor bathroom, wet room) | <p>Note: The greater number of essential requirements, the more time you may have to wait for accommodation to be sourced or become available.</p> | | |

Section C

Support Requirements

| | | | | |
|----|--|--|---|------------------|
| 1 | Any diagnosed conditions? | Yes | No | |
| 2 | If YES, please state the diagnosis | | | |
| 3 | Can the applicant read and/or write? | Yes | No | |
| 4 | Is info required in a specific format? Please state format required: | | | |
| 5 | Is overnight care required? | Yes | No | |
| 6 | If YES, please state requirements | Sleeping staff | Waking night staff | I don't know yet |
| 7 | Name of care funding local authority | | | |
| 8 | Social worker contact details | Name Tel Email | | |
| 9 | Is any specific help required with any of the following? | Applying for Welfare Benefits Keeping their home safe Paying for utility bills Paying for TV license Cooking Making a complaint Keeping their home clean | Understand tenancy contract Reporting maintenance faults Getting on with co-tenants Carrying out weekly shopping Managing their money Arranging contents insurance Maintaining their garden | |
| 10 | 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: • Non-payment of rent, • Noise complaints, • Anti-social behaviour • Damage | | | |

| | | |
|----|---|--|
| 11 | <p>State any criminal convictions</p> <p>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</p> | |
|----|---|--|

Section D

Mental Capacity

| | | |
|---|--|---|
| 1 | <p>Does the tenant have sufficient mental capacity to enter into a tenancy agreement?</p> | <p>Yes No</p> <p>DOCUMENT REQUIRED: Mental Capacity Assessment</p> <p>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</p> |
| 2 | <p>If the tenant lacks capacity, who will be signing the tenancy agreement?</p> | <p>Court Appointed Deputy Court Appointed Power of Attorney</p> <p>DOCUMENT REQUIRED: Order from the Court of Protection</p> |
| 3 | <p>Please provide their contact details</p> | <p>Name Tel Email</p> |
| 4 | <p>Who is responsible for managing the tenant's finances?</p> | <p>Tenant Court Appointed Deputy Local Authority Court appointed Power of Attorney Support Provider Other (please state below)</p> |
| 5 | <p>Provide the contact details of any organisation or person who manages the prospective tenant's money</p> | <p>Name Tel Email</p> |
| 6 | <p>Is the prospective tenant classed as 'Severely Mentally Impaired', for the purposes of Council Tax?</p> | <p>Yes No</p> <p>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.</p> |

Section E

Income and Benefits

| | Benefit Type | £ Per Week | Awarded |
|--|---|-------------|-------------|
| 1 Is the tenant in receipt of the following welfare benefits? | Disability Living Allowance (DLA) Care Disability Living Allowance (DLA) Mobility Personal Independence Payment (PIP) Employment and Support Allowance (ESA) Income Support Severe Disability Premium (SDP) Universal Credit <p>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. Although we 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.</p> | | |
| 2 If the tenant is in receipt of DLA care component, please state which rate: | Lower rate | Middle Rate | Higher Rate |
| 3 Please state any other benefits received, have been applied for, or you are waiting to hear about | | | |
| 4 Approximately how much capital, savings or investments does the applicant have? This includes bank accounts, savings, shares, property. | | | |
| 5 Please provide any other relevant financial information here | | | |
| 6 Does the applicant receive any income other than from Welfare Benefits? | Yes | No | |
| 7 If YES, please provide details of the nature and amount of these payments (e.g. from working, a pension or other) | Type of Income | | £ Per Week |
| 8 Does the applicant currently claim Housing Benefit? | Yes | No | |
| 9 If YES, what is the claim reference number | | | |
| 10 Which local authority has awarded Housing Benefit? | | | |

Section F

Consent to Discuss Application & Share Information

| | | |
|---|---|----------|
| 1 | <p>Are you happy to share the following information/documents with us, or authorise the relevant bodies to do so?</p> <p>Welfare Benefit award notifications (from DWP) Support Plan (by Social Worker or Support Provider) Housing Benefit Application Information (from HB office) Placement Agreement (from Social Services or Support Provider) Confirmation of diagnoses (from Doctor/Medical Staff)</p> <p>Note: This will assist CS CIC 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</p> | Y N |
|---|---|----------|

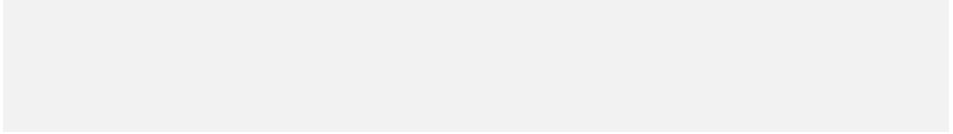
Section G

Other Relevant Information

| | |
|---|--|
| 1 | <p>Please use this section to provide any further information that you feel may be relevant</p> |
|---|--|

Section H

Signatures & Declaration

| | |
|---|---|
| 1 | I understand and agree with the following: |
| | <ul style="list-style-type: none">• CS CIC will use this information to determine whether it can offer supported housing to the person being referred.• CS CIC may use any information provided on this form in connection with this.• CS CIC 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. |
| 2 | Signature:  |
| | Name: |
| | Date: |
| | Relationship to Applicant: |

Section I

Optional Data Collection

| | | |
|---|--|-------------------|
| 1 | If you wish to state the tenant's ethnicity, please do so here | Prefer not to say |
|---|--|-------------------|