

ACCOMMODATION APPLICATION FORM
SECTION 1 - APPLICANT DETAILS

To be completed for both self-referrals and referred clients

The four key eligibility criteria are:

- 1. Applicant must be 'vulnerable', (See Support Section)**
- 2. Applicant must be in need of 'housing-related support' to prevent homelessness or to assist a client who is homeless, (See Support Section)**
- 3. Applicant to Accommodation Based services must have recourse to public funds, (Right to claim Benefits)**
- 4. Applicant must have a clear local connection, or have special circumstances (which can be evidenced) to show why a move to the area to obtain supported housing is needed. (Fleeing Domestic Violence or Seek further advice)**
 - **Accommodation is shared and for single clients only; no pets are allowed in the premises.**
 - **If the application is unsuccessful the applicant will be given the right to appeal in writing by letter or text within 5 workings days of the decision being made.**

PERSONAL INFORMATION (applicant)				
Name:		Date of Birth: Age:	Gender:	
Date of application:		Referred by and contact details :		
Client Telephone Number:		NI No:		
Client Email address:				
Client Address:				
Town:		County:		
Current Accommodation & Area:				
How long have you been in this situation:				
Immigration Status:	Temporary Leave <input type="checkbox"/>	Indefinite Leave <input type="checkbox"/>	Other <input type="checkbox"/>	N/A <input type="checkbox"/>
Next of kin & contact details:		Relationship to applicant:		
Can Next of kin be contacted: Yes/No		Marital Status:		
Risk to Children: Yes/No		Are you ex-armed forces: Yes/No		

PREVIOUS HOUSING

Previous accommodation:	
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Reasons for leaving previous accommodation:	
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Asked to leave for:	Criminal Damage	<input type="checkbox"/>
	Rent Arrears	<input type="checkbox"/>
	Arson	<input type="checkbox"/>
	Other breach of tenancy (please specify)	<input type="checkbox"/>

Have you/the applicant applied to your Local Council?	Yes/No
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What is your/the applicants Local Connection?	
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Have you/the applicant referred to or been a resident with PTI before? Yes/No *if yes when was that?*

Do you/the applicant know anyone currently living in a PTI property? Yes/No *if so who and which project?*

CRIMINAL CONVICTIONS

Do you/the applicant have any unspent convictions: Yes/No If yes, please complete section 2 to outline your unspent convictions?

GENERAL SUPPORT/HEALTH NEEDS

Which areas do you need support with?

Drug & Alcohol misuse:	Yes/No <i>what issues?</i>
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Physical health:	Yes/No <i>what issues?</i>
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Emotional or mental health:	Yes/No <i>what issues?</i>
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Offending:	Yes/No
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Managing tenancy/accommodation:	Yes/No <i>what issues?</i>
Self-care/living skills:	Yes/No
Managing money:	Yes/No
Social networks/relationships:	Yes/No
Motivation/taking responsibility:	Yes/No
Meaningful use of time:	Yes/No <i>how do they spend their days?</i>
Do you/the applicant consider themselves to have a disability?	Yes/No
Do you/the applicant have any special needs?	Yes/No <i>if yes, please give details below:</i>
Would you/the applicant be prepared to enter into a support agreement?	Yes/No

DO YOU/THE APPLICANT RECEIVE SUPPORT FROM OTHER AGENCIES? IF SO, WHO?

Drug & Alcohol services?	Yes/No
Social Services?	Yes/No
Care leaver?	Yes/No
Probation?	Yes/No
Mental health?	Yes/No
Advice/Advocacy/Liaison services	Yes/No

FINANCE							
Are you/the applicant working?	Yes/No						
Are you/the applicant in receipt of any benefits?	Yes/No						
Which benefits are you/the applicant on?	JSA	ESA	DLA	PIP	IS	UC	TC
What date did you/the applicant apply for benefits?							
Are you/the applicant subject to any sanctions	Yes/No <i>if so, how long for?</i>						
Given the above information what is your/the applicant's weekly income?							
Do you/the applicant have any debts?	Yes/No <i>if so, what for and how much?</i>						

ETHNICITY	
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background
Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Asian background
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background
Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
Not Stated	<input type="checkbox"/> (NS)
RELIGION	
What religion are you/the applicant?	
SEXUAL ORIENTATION	
How would you describe your sexual orientation?	

For Office Use Only:		
If section 2 not required, referral process can be brought to a close.		
Interview Required? Y/N		Date & Time booked?
Scanned:	Stats:	Entered on AMIS:
Referred to senior management team	Yes/No	Decision

Please use this space for any other relevant Information:

Please remind clients:

- **Not to arrive under the influence of drugs/alcohol as they will not be seen**
- **Please try not to be late as staff time is limited and if they do not have the required time to complete an assessment your interview will be postponed.**
- **Please bring any form of ID with you to interview.**
- **Please give clients a copy of Pathways' Privacy Notice**

SECTION 2 - CRIMINAL CONVICTIONS/ RISK OF HARM

All applications must provide the OASys, particularly the full Risk of Harm sections as well as a summary of any unspent convictions.

Name of Referring Officer:			
Email Address of Referring Officer			
Office Address:			
Telephone Number:			
Offender Manager/Supervisor/AAA Advisor: <i>Please specify after name</i>			
Date vacancy required:			
If in custody please quote prison number:			
Name of Prison:			
Length of sentence (including 12 months or less):			
Length of Licence:		Expiry Date:	
Std Determinate Licence	<input type="checkbox"/>		
Parole:	<input type="checkbox"/>		
Life:	<input type="checkbox"/>		
Community Order: <i>State additional requirements</i>	<input type="checkbox"/>		
Suspended Sentence <i>State additional requirements</i>	<input type="checkbox"/>		
Any Local Area Exclusion Zones?	Yes/No	Please give details:	

Please give details and circumstances of the two most recent Court appearances and sentences received:	
Please give details any forthcoming Court appearances:	
Details of any known incidents which led to police involvement which did not lead to conviction:	
Please give details of any arson offences:	
Have you provided information on recent relevant convictions?	Yes/No
Have you attached the relevant PSR ?	Yes/No
Is the applicant subject to/will be subject to a Level 3 MAPPP?	Yes/no
Is the applicant subject to/will be subject to a Level 2 MAPPP?	Yes/no
Is the applicant subject to/will be subject to a single agency PPP?	Yes/no
Does the applicant need monitoring/surveillance?	Yes/No

Please use this space to record any other relevant information, including anti-social behaviour, known associates/co-defendants and any outstanding matters with the police/courts:

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Office Use Only:

FOLLOWING INTERVIEW/ACCEPTANCE

Date of Interview:	Time:
Reason if Failed to Attend:	
Accepted:	Yes/No if no, please state reason below

Scanned		Stats		Entered on AMIS	
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PLEASE INDICATE ORDER OF PREFERENCE OF PROJECT

1. _____
2. _____
3. _____

ALL OTHER ASSESSMENT AND INTERVIEW PROCESSES SHOULD CONTINUE

Permission to Disclose Information to a Third Party

I (name)	
Date of Birth:	
National Insurance Number:	
Of (Address):	

Give permission for the following agencies / professionals:

- My doctor and other medical professionals
- My drugs / alcohol worker
- National Probation Service/Community Rehabilitation Company
- Department of Work and Pensions/Jobcentre Plus
- Local Authority Departments including Housing Benefit
- Previous and future landlords or accommodation providers
- Other agencies which my keyworker will notify me of, as appropriate

To disclose information to staff at Pathways, concerning me and my records and for Pathways to disclose information about me. This exchange of information is to assist my accommodation application and on-going support.

I understand that I may withdraw consent at any time by informing my keyworker or Head of Resources, but that this may have implications for the ability of Pathways to continue to provide accommodation and support to me.

I have seen a copy of Pathways' Privacy Notice and understand that I can seek further information regarding the information held about me from The Head of Resources, Pathways to Independence, 25 Victoria Street, Rochester, Kent, ME1 1XJ.

Signed:	
Print Name:	
Date:	