

CONFIDENTIAL

Application for housing young persons' service

This form is to be filled in by the **young person applying for a home** with us or a **person acting on their behalf**. This might be a social worker or a referring agency officer or it could be a parent or guardian. Please send the completed form to:

Harrow Churches Housing Association, Ground floor, Ewart House, 9 Richards Close, Harrow, Middlesex HA1 2BE.

If you need help answering any of the questions please call our young persons' service on ☎ **020 8424 2776** or ✉ email info@hcha.org.uk

Your personal details

Your name	Your age
Date of birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	Are you: male <input type="checkbox"/> female <input type="checkbox"/>
National insurance number (if you have one) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Your mobile phone number (if you have one) <input type="text"/>	

Your next of kin

Name
Address
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number

Where you live now

1. Are you homeless with nowhere to stay? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what address can we contact you at?
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If no, what is your address now?
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
How long have you lived there?
If there is a phone number we can use to contact you, please give it here.
2. Why is your present home unsuitable for you?

Where you live now

3. Are you paying rent right now?

yes no

If yes, can you give us proof to show that you have been paying rent?

yes no

If yes, please attach your proof to this application form.

Please give your landlord's name and address.

Name

Address

Postcode

4. Please give details of any other places you have lived in the last five years, starting with the address of the most recent place and when you lived there.

Date from to

Address

Postcode

5. If you have arrived in the UK recently please give details.

Please attach any papers you have been given by the Home Office.

6. Is English your main spoken language?

yes no

If no, please say which language you usually use.

7. Is English your main written language?

yes no

If no, please say which language you usually use.

Benefits, employment, education and income

1. Are you now getting any welfare benefits? yes no

If yes, please say what kind, when you started claiming it and how much you get.

Name of benefit	Date claim started	Sum claimed
		£
		£
		£

2. Have you had any part-time or full-time paid work in the last two years? yes no

If yes, please give the name, address and phone number of each employer and the dates you worked for them, starting with any work you are doing now or the last job you had.

Name	Phone
Date from <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> to <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Address	
	Postcode <input type="text" value=""/>
Name	Phone
Date from <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> to <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Address	
	Postcode <input type="text" value=""/>
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Date from <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> to <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Address	
	Postcode <input type="text" value=""/>
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Date from <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> to <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Address	
	Postcode <input type="text" value=""/>

3. Do you have any other income? yes no

If yes, please say what.

4. Do you have any savings of £50 or more? yes no

5. Have you studied or are you studying at college or university? yes no

If yes, please say which college/university, what type of course, whether the course is part-time or full-time and when you started your studies (and ended, if no longer doing the course).

Your health

1. Are you registered disabled?

yes no

Please give details if you have been admitted to hospital or taken medication in the last year.

Please give the name, address and phone number of your GP (doctor).

GP's name

Phone

Address

Postcode

If you have not registered with a GP this will need to be done as soon as possible because we may need to check some matters with your GP.

2. Have you ever been treated for any drink or drug related problems?

yes no

If yes, please give details of any treatment now or in the past.

3. Has drink or drug use had any effect on your life? For example a job?

yes no

If yes, please give details.

4. Do you think you will need help and support with a drink and/or drug problem?

yes no

5. Have you had any form of mental illness or depression that has needed treatment or medication?

yes no

If yes, please give details, including when you had the illness and the type of medication or treatment you were given.

6. Are you still getting any treatment or support for a past problem with drugs, alcohol or mental ill health?

yes no

If yes please give details, including the name and address of your counsellors or social workers. We may need to contact them.

Convicted offences

1. Have you ever been in trouble with the police?

yes no

If yes, please say why, including details of any offence you were charged with, dates, and whether you were given an order or sentenced and, if so, for how long.

2. Do you have a probation or youth justice worker?

yes no

If yes, please give their name, address and phone number.

Name

Phone

Address

Postcode

May we contact them?

yes no

Other information

1. Is there anything else you think we should know about why you are applying to us for housing.

2. Do you understand what type of housing set up we provide for young people?

yes no

3. Are you able to provide for yourself basic goods like your bedding, crockery and cutlery and pans and dishes to use for cooking and eating?

yes no

4. Are there any parts of Harrow where you are definitely not willing to live?

yes no

If you answered yes, please explain.

Our support service

Accepting our support is an essential part of our service. To help us give you the sort of support that will help you, please answer the following questions as honestly as you can.

By signing our licence agreement you agree to accept our support. This means taking part in one-to-one sessions with your personal development worker and support worker, and regularly coming to meetings with the other people living in your house.

Will you be able to meet this requirement?

yes no

If you answered no please explain why.

Our support service

How long do you think you will want us to house you? (please put a ✓ in the box)

a very short stay (up to one month)

a medium stay (one to six months)

a longer stay (six months or longer)

Which of these would you want help and advice with?

registering with a GP/doctor

counselling services

your education

finding work/a career

language courses

managing a budget

opening a bank account

welfare benefits and how to apply

basic cooking

Please say what, if any, other matters you would like support or guidance on.

Moving on

At the end of your tenancy we can help you to find a new home to move to, providing you have not broken the rules we set for all our young tenants. We cannot guarantee that you will find a new home, with or without our help.

Do you think you are likely to need some help finding a suitable new home?

yes no

If no, why?

Your declaration

I declare that all the information I have given here is correct, to the best of my knowledge. If I have given any false or misleading information, my application for housing might be ended, at any stage. I will do my best to tell Harrow Churches Housing Association if anything changes that is relevant to my application for housing. If I do not tell them, I understand that my application may be dropped. I am aware that Harrow Churches Housing Association will need to double check some matters with other agencies, including my GP, to make sure I am offered a suitable housing and support service.

Please sign here

Date

Interviewer's signature

Date

Your risk assessment

To be completed by you or a referring agency or social worker

Your name	
Your current address	
	Postcode <input type="text"/>

We will use any information given here to work out which of our homes would suit you best. If we decide we are able to offer you a home and support, our assessment will take into account your ongoing safety and that of other people. All information given here will be treated as strictly confidential. It will be kept with your file in a secure place and stored on a computer database.

Possible risks to your safety if you live in one of our homes	
Please tell us if you think you may be at risk of any of the following, giving a number to show how likely it might be. If you think there is a <i>high risk</i> put a 1 , if you think something <i>might happen</i> put a 2 , if you think there is <i>little or no risk</i> put a 3 .	
violence <input type="checkbox"/>	aggression <input type="checkbox"/>
sexual assault <input type="checkbox"/>	abuse by our other clients <input type="checkbox"/>
deliberately hurting yourself <input type="checkbox"/>	not looking after yourself (self-neglect) <input type="checkbox"/>
problem use of medication, drink or drugs (please say what) <input type="checkbox"/>	
other (please say what)	
If you have a serious health need, please tell us how it might affect your safety	

Possible risks to the safety of other people from you or people you know		
Please tell us if you think other people might be at risk if you live in one of our homes.		
Is the risk likely to come from	you <input type="checkbox"/>	other people <input type="checkbox"/>
		you and others <input type="checkbox"/>

Please say who might be at risk and what from			
If you think there is a high risk put a 1 , if you think something <i>might happen</i> put a 2 , if you think there is <i>little or no risk</i> put a 3 .			
risk to others in the same home	violence <input type="checkbox"/>	aggression <input type="checkbox"/>	sexual assault <input type="checkbox"/>
risk to other people we house	violence <input type="checkbox"/>	aggression <input type="checkbox"/>	sexual assault <input type="checkbox"/>
risk to our staff/volunteers	violence <input type="checkbox"/>	aggression <input type="checkbox"/>	sexual assault <input type="checkbox"/>
risk to the public	violence <input type="checkbox"/>	aggression <input type="checkbox"/>	sexual assault <input type="checkbox"/>
risk of damage to our property		minor <input type="checkbox"/>	serious <input type="checkbox"/>
other risk (please say what)			

Your name

Your signature

Date

