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| **Application for Housing** | | | | | | |
| Please send your referral to: | [b.loy@centrepoint.org](mailto:b.loy@centrepoint.org) | | | | | |
| APPLICANT DETAILS | | | | | | |
| Applicant Name: |  | | AKA: | | |  |
| DOB: |  | | NINO: | | |  |
| Telephone: |  | | Email Address: | | |  |
| Next of Kin/Emergency Contact: |  | | | | | |
| Have you ever applied to Centrepoint before: | Yes | | | No | | |
| Is this a referral for: | Accommodation | | | Floating Support | | |
| Current Address: |  | | | | | |
| ACCOMMODATION HISTORY | | | | | | |
| Address | From | To | | Type/Tenure | Reason for leaving | |
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| Have you ever had to pay rent (please give details): |  | | | | | |
| Have you ever been evicted (please give details): |  | | | | | |
| Have you ever been in Care (please give details): |  | | | | | |
| Have you ever served in the Armed Forces (please give details): |  | | | | | |
| Do you have debt/arrears with any previous landlord (please give details): |  | | | | | |
| Contact details of any relevant linked professionals: |  | | | | | |

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| APPLICANT FINANCES | | | | | | | | | | | | | | | |
| Please specify if you are in receipt of the following: | | | | | | | | | | | | | | | |
| Universal Credit (UC) | Jobseeker’s Allowance (JSA) | | Employment & Support Allowance (ESA) | Disability Living Allowance (DLA) | | | | Housing Benefit (HB) | | Child Benefit or Tax Credits | | | Personal Independence Payment (PIP) | | |
|  |  | |  |  | | | |  | |  | | |  | | |
| Other non-employed income (please specify): | | | |  | | | | | | | | | | | |
| Date/amount of next payment(s): | | | |  | | | | | | | | | | | |
| What is your money management like: | | | |  | | | | | | | | | | | |
| Do you have a bank account: | | | |  | | | | | | | | | | | |
| Do you have any debts(please give details): | | | |  | | | | | | | | | | | |
| Who will pay your Service Charge: | | | |  | | | | | | | | | | | |
| EMPLOYMENT/EDUCATION/TRAINING | | | | | | | | | | | | | | | |
| Are you currently employed (if yes please give details): | | | | Yes | | |  | | No | | | | | |  |
| Name of Employer: | | | |  | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | |
| Position: | | | |  | | Is this position permanent? | | | | | |  | | | |
| What is your take home pay (please specify weekly/monthly)? | | | | | | | | | | | |  | | | |
| Are you currently at College or other training provider (if yes please give details): | | | | Yes | | |  | | No | | | | |  | |
| Name of College/Training Provider: | | | |  | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | |
| Hours attended: | | | |  | | | | | | | | | | | |
| Contact details of any relevant linked professionals: | | | |  | | | | | | | | | | | |
| APPLICANT HEALTH | | | | | | | | | | | | | | | |
| Are you registered with a GP(please give details): | |  | | | Do you have any past/present issues with self harm/injury(please give details if you feel you can): | | | | | |  | | | | |
| Do you take any regular medication(please give details): | |  | | | Do you have any emotional/mental/physical health problems (please give details): | | | | | |  | | | | |
| Do you have a disability(please give details): | |  | | | Do you have any past/present issues with substance misuse (please give details): | | | | | |  | | | | |
| Are you registered disabled: | | Yes  No | | | Do you have any past/present issues with alcohol misuse (please give details): | | | | | |  | | | | |
| Contact details of any relevant linked professionals: | |  | | | | | | | | | | | | | |

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| OFFENDING HISTORY | |
| **The following information will not exclude the applicant from being considered.** | |
| Have you any past/present involvement with the Police either as victim or perpetrator(please give details): |  |
| Do you have any past/present cautions/warnings/convictions (please give details): |  |
| Do you have any past/present issues with arson, sexual offences, violent or abusive behaviour (please give details): |  |
| Contact details of any relevant linked professionals: |  |
| ANY OTHER INFORMATION | |
| **Reasons for needing Centrepoint**   * the reasons for needing the service * any evidence to show that they meet the referral criteria of the service * applicants commitment to working with support. * anything else you think is relevant (including contact info for any other linked professional not mentioned above) | |
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| EQUAL OPPORTUNITIES MONITORING FORM | | | | | | | | | | | | | |
| Gender: | Male | | |  | | | Female |  | | Other | |  | |
| Sexual Orientation: | |  | | | | | | Preferred Pronouns: | |  | | | |
| Nationality: | |  | | | | | | | | | | | |
| What is your first language? | |  | | | | | | | | | | | |
| What is your faith? | | Christian | | |  | Muslim | | |  | | Jewish | |  |
| Hindu | | |  | Sikh | | |  | | Buddhist | |  |
| None | | |  | Other (please specify) | | | | |  | | |
| How would you describe your ethnic origin? | | White | British | | | | | | | | | |  |
| Irish | | | | | | | | | |  |
| Other (please specify) | | | | | | | | | |  |
| Mixed | White & Black Caribbean | | | | | | | | | |  |
| White & Black African | | | | | | | | | |  |
| White & Asian | | | | | | | | | |  |
| Other (please specify) | | | | | | | | | |  |
| Black/Black British | Caribbean | | | | | | | | | |  |
| African | | | | | | | | | |  |
| Other (please specify) | | | | | | | | | |  |
| Asian/Asian British | Indian | | | | | | | | | |  |
| Pakistani | | | | | | | | | |  |
| Bangladeshi | | | | | | | | | |  |
| Chinese | | | | | | | | | |  |
| Other (please specify) | | | | | | | | | |  |

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| REFFERER DECLARATION | |
| The information I have given is true to the best of my knowledge. I accept that if I have knowingly made a false statement action may be taken against the applicant under the terms of their accommodation agreement. | |
| Name of Referring Officer: |  |
| Position: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Signed: |  |

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| **Risk Assessment Form** | |
| **Young Person’s Name:** | **Date:** |
| Note: - Please colour code the identified risk according to High (Red)/Medium or Low (Amber)/No Risk(Green). | |

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| **Risk Of Harm To Self** – This is the risk that a young person might be harmed in some way by their own behaviour | **Yes** | **No** | **Not known** |
| Does the young person currently express or experience suicidal thoughts? Have they ever made a suicide attempt or previously expressed suicidal intent or made a suicide plan? (*If within last 2 years will be red, if more than 2 years ago, will be amber)* |  |  |  |
| Does the young person have a history of suicide amongst their family or friends? |  |  |  |
| Does the young person engage in dangerous activities, which could lead to serious injury or violence? |  |  |  |
| Is there evidence of current class A drug use? |  |  |  |
| Is the young person currently self-harming or has the young person previously self-harmed or self injured? |  |  |  |
| Does the young person often experience a feeling of hopelessness? |  |  |  |
| Does the young person talk about feeling low? |  |  |  |
| Does the young person appear paranoid? |  |  |  |
| Are family/friends/ or other professionals concerned about the young person’s behaviour? |  |  |  |
| Is there a history of diagnosed mental health problems /psychiatric Illness /admittance to Hospital? (*If more than 5 years ago, may not need to consider*.) |  |  |  |
| Is there evidence of alcohol misuse? |  |  |  |
| Is there evidence of drug use? |  |  |  |
| **Risk Of Harm To Others** –This is the risk that a young person might inflict serious harm on other people, either physical or psychological harm | **Yes** | **No** | **Not known** |
| Does the young person have a criminal record for a violent crime? |  |  |  |
| Has the young person threatened violence? |  |  |  |
| Does the young person have a history of violence toward others? |  |  |  |
| If applicable, has the young person demonstrated a lack of remorse for their actions? |  |  |  |
| Is there any evidence of harmful recklessness in their behaviour with others? |  |  |  |
| Is there any evidence (incidents) of conflict or anti-social behaviour currently? |  |  |  |
| **Risk Of Harm from Others** – This is the risk that a young person might be harmed by the actions or omissions of others | **Yes** | **No** | **Not known** |
| Does the young person have physical injuries they can’t explain? |  |  |  |
| Is it observed or reported by other agencies that there has been a marked change in the behaviour of the young person recently? |  |  |  |
| Does the young person appear or report to be manipulated by others? |  |  |  |
| Does the young person appear or report to be intimidated by others? |  |  |  |
| Is there evidence or reports of the young person’s possessions continuously disappearing or being given away? |  |  |  |
| Is there a history of the young person being the victim of discriminatory bullying (physical or verbal)? *Including racist, sexist, ageist or that based on a person’s disability or sexuality and other forms of harassment, slurs or similar treatment.* |  |  |  |
| Has the young person ever been a victim of a hate crime? |  |  |  |