

**SUPPORTED ACCOMMODATION**

**APPLICANT REFERRAL FORM**

|  |  |
| --- | --- |
| **Date of referral:** |  |

**Please provide as much detail as possible when completing this form, as this will help us to assess whether King’s Arms Project’s Supported Accommodation is a suitable place for the named applicant to live. It is vital that you answer all questions (or provide reasons for those you cannot answer). A lack of detail may lead to delays in processing the application.**

|  |
| --- |
| **Supported Accommodation Service** |
| *Please select the service the applicant is applying for.* |
| ☐ Move-On Housing | ☐ No Recourse Accommodation |

|  |
| --- |
| **Eligibility Criteria** |
| *To qualify for housing with King’s Arms Project, the applicant must meet the eligibility criteria listed below.* |
| ☐ Living as a single person. |
| ☐ Aged between 18 and 65. |
| ☐ Homeless or at risk of imminent homelessness. |
| ☐ Willing to engage with support and abide by house rules and license agreement. |

|  |
| --- |
| **Your Details** |
| **Forename(s):** |  |
| **Surname:** |  |
| **Current Address:** |  |
| **Post Code:** |  |
| **Date of Birth:** |  |
| **Nationality:** |  |
| **Gender identity:** |  |
| **Sexual Orientation:** |  |
| **Disability:** |  |
| **Contact Telephone Number:** |  |
| **Contact Telephone Number Two:** |  |
| **E-mail:** |  |
| **National Insurance Number:** |  |

|  |
| --- |
| **Advocate or Referrer Details (if applicable)** |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Contact Telephone Number:** |  |
| **Contact Telephone Number Two:** |  |
| **E-mail:** |  |
| **Relationship to Applicant:** |  |

|  |
| --- |
| **Contact in case of emergency or if we cannot contact you** |
| **Name:** |  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |

|  |
| --- |
| **What is your immigration status?** |
| ☐ UK national | ☐ EU Pre-settled status | ☐ EU settled status | ☐ No current status |
| **Do you need an interpreter at your interview?** | *Yes* | *No* |
| *If yes, please specify which language you require:* |
| **Do you require any special arrangements at the interview, due to a disability or a medical condition?** |  *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **Local Connection** |
| *How long have you lived in Bedford?* | *Do you have any family in Bedford?* | *Do you work in Bedford?* | *Details:* |
| *King’s Arms Project’s Move-On Housing is open to applications from out of area, but there are some restrictions for No Recourse Accommodation around locality* |

|  |
| --- |
| **Housing History** |
| **Your current place of stay** |
| *Street Homeless* | *Social services Accommodation/Care* | *Prison* | *Private Rented* |
| *Hostel* | *Sofa Surfing* | *Living with family* | *Living with Friends* |
| *Other:* |  |
| Please provide a complete history where you have lived over the last 5 years. Please include temporary housing, hospital admissions, prison sentences, homelessness etc. For ‘Type of accommodation’ please specify (private rental, B&B, staying with friends, living with family, hostel, hospital, prison, local authority, housing association etc.) |
| **Date from** | **Date to** | **Address** | **Type of accommodation** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you currently owe any rent arrears?** | *Yes* | *No* |

|  |
| --- |
| *If yes, please provide details about how much is owed, when you owe them from and if there is a repayment plan in place.* |

|  |  |  |
| --- | --- | --- |
| **Have you ever been evicted from a property?** | *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **ID and Income** |
| **Do you have any form of ID?** | *Yes* | *No* |
| *If yes, please provide details?* |
| **Are you currently in receipt of benefits?** | *Yes* | *No* | *Waiting to hear* |
| *If yes, which benefits are you receiving or waiting to hear about?* |
| **Are you currently employed?** | *Yes* | *No* |
| *If yes, what is your job?*  |

|  |
| --- |
| **Culture** |
| **Do you have particular requirements that King’s Arms Project may need to consider based on your culture, gender or physical ability?** | *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **Drugs and Alcohol** |
| **Have you previously, or are you currently, using drugs?** | *Yes* | *No* |
| *Please give details (including type of drugs, quantity, frequency of use, timescale, motivation to change, triggers to use):* |
| **Are you currently subject to a Drug Rehabilitation Requirement?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, misusing alcohol?** | *Yes* | *No* |
| *Please give details (including type of alcohol consumed, quantity, frequency of use, timescale, motivation to change, triggers to use):* |
| **Are you currently receiving any drug or alcohol treatment?** | *Yes* | *No* |
| *If yes, please provide details:* |  |  |

|  |
| --- |
| **Physical and Mental Health** |
| **Have you previously, or are you currently, experiencing mental health concerns?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, receiving any mental health treatment?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, self-harming or contemplating suicide?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Do you have any injuries, illnesses, or physical health concerns?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Are you currently taking any medications?** | *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **Violence** |
| **Have you previously been attacked or experienced violence from another person?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you ever been involved in a fight or violence toward another person?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Are you currently subject to an Anti-Social Behaviour Order (ASBO)?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, experiencing Anger Management issues?** | *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **Personal well-being** |
| **Have you previously, or are you currently, experiencing an eating disorder?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, suffering from any difficult or traumatic life circumstances?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Do you suffer from any learning difficulties?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, experiencing problems with memory loss?** | *Yes* | *No* |
| *If yes, please provide details:* |
| **Have you previously, or are you currently, experiencing any gambling concerns?** | *Yes* | *No* |
| *If yes, please provide details:* |

|  |
| --- |
| **Convictions and Offences** |
| **Do you currently have any cases pending or have any previous convictions?** | *Yes* | *No* |
| **Nature of offence** | **Date of conviction** | **Sentence received** | **Ongoing restrictions** |
|  |  |  |  |
|  |  |  |  |
| **Do you currently have any cautions in place?** | *Yes* | *No* |
| *Please provide details:* |
| **Have you ever been charged with a Sexual offence?** | *Yes* | *No* |
| *Please provide details:* |
| **Have you ever been charged with an Arson offence?** | *Yes* | *No* |
| *Please provide details:* |
| **Are you currently subject to MAPPA arrangements?** | *Yes* | *No* |
| *Please provide details:* |

|  |
| --- |
| **Other Professionals you have contact with:** |
| **Professional** | **Name** | **Address/Telephone No.** | **Reason for Contact** |
| **GP** |  |  |  |
| **Social Worker** |  |  |  |
| **Probation Officer** |  |  |  |
| **Support Worker** |  |  |  |
| **Other Professional** |  |  |  |

|  |
| --- |
| **Professional Referee** |
| Name: |  |
| Job Title: |  |
| Contact Address: |  |
| Post Code: |  |
| Telephone Number: |  |
| Email: |  |
| Relationship: |  |
| Length of time known: |  |
| **Personal Referee** |
| Name: |  |
| Job Title: |  |
| Contact Address: |  |
| Post Code: |  |
| Telephone Number: |  |
| Email: |  |
| Relationship: |  |
| Length of time known: |  |

|  |
| --- |
| I confirm that the details given on this form are a true and accurate record of my current circumstances. I understand that false information may result in the application being refused or a licence being withdrawn. |
| Applicant Signature: |  |
| Date: |  |

|  |
| --- |
| **Please return the completed form to:**accommodation*@kingsarmsproject.org***OR**Supported Accommodation Referrals,King’s Arms Project, King’s House, 245 Ampthill Road, Bedford, MK42 9AZ.(01234) 350900 |

**We will process your personal information in accordance with our Privacy Policy and our obligations under applicable data protection laws and regulations. The data collected in this form will be used solely for the purpose of considering your suitability for accommodation with King’s Arms Project and will not be used for any other purpose. If you successfully secure accommodation with us, we will hold this information on file for six years and then it will be destroyed. If you are unsuccessful, your data will be held for one year and then it will be destroyed.**