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## **Sutton Universal Application for Housing Support**

### **Confidential**

This application is intended for several purposes:

1. Community Mental Health Teams, Estate Management, Health Visitors, Social Services and other professionals working with clients likely to require housing related support in order to maintain their tenancy and mental well-being.
2. Teams working with homeless clients and care leavers that have referral/ nominations rights to supported housing and floating support schemes.
3. The Gateway Officer will be aware of the range of support services and current availability. The information provided can be used to match the client's needs to the most appropriate service.

Before completing the application please ensure that the client is prepared to accept the support offered and has given consent to information being passed to the support provider. The client should be advised that if they are being referred to a long term, accommodation based support, that there may be a support charge. The support provider will be able to explain who is likely to qualify for relief from charges and will assist to obtain it.

**Please supply a recent risk assessment and attach, where possible any recent reports from professionals (psychiatrist, probation, social worker etc) involved with the client.**

Reports are strictly confidential and solely for the purpose of assessing the applicant's suitability for floating support or supported housing.

**Please ensure your client signs the information sharing section.**

# Application for Floating support / Supported Housing

## Section 1 – Service Required

### Floating Support

Mental Health Support  Drug & Alcohol Support  Young Persons Support 16-24yrs

learning disability, learning difficulty or cognitive impairment

Generic Tenancy Support

### AND / OR

Supported Housing

## Section 2 – Client Details

**NAME OF APPLICANT** ..... **DATE OF BIRTH** .....

**GENDER** ..... **ETHNICITY** ..... **RELIGION** .....

**SEXUALITY** .....

**CURRENT ADDRESS** .....

.....

**HOME TELEPHONE NO** ..... **MOBILE** .....

**NATIONAL INSURANCE NO** .....

### **ADDRESS HISTORY – PLEASE PROVIDE 5 YEARS**

What is your present address?			
Date you moved in		Date you have to leave	
Who is the landlord/host?			
Why do you have to leave?			
Are there any outstanding rent arrears?			
Type of property & number of bedrooms?			

What was your previous address?			
Date you moved in		Date you left	
Who was the landlord/host?			
Why did you have to leave?			
Are there any outstanding rent arrears?			
Type of property & number of bedrooms?			

<b>What was your previous address?</b>			
<b>Date you moved in</b>		<b>Date you left</b>	
<b>Who was the landlord/host?</b>			
<b>Why did you have to leave?</b>			
<b>Are there any outstanding rent arrears?</b>			
<b>Type of property &amp; number of bedrooms?</b>			

<b>2) What was your previous address?</b>			
<b>Date you moved in</b>		<b>Date you left</b>	
<b>Who was the landlord/host?</b>			
<b>Why did you have to leave?</b>			
<b>Are there any outstanding rent arrears?</b>			
<b>Type of property &amp; number of bedrooms?</b>			

<b>What was your previous address?</b>			
<b>Date you moved in</b>		<b>Date you left</b>	
<b>Who was the landlord/host?</b>			
<b>Why did you have to leave?</b>			
<b>Are there any outstanding rent arrears?</b>			
<b>Type of property &amp; number of bedrooms?</b>			

<b>What was your previous address?</b>			
<b>Date you moved in</b>		<b>Date you left</b>	
<b>Who was the landlord/host?</b>			
<b>Why did you have to leave?</b>			
<b>Are there any outstanding rent arrears?</b>			
<b>Type of property &amp; number of bedrooms?</b>			

<b>What was your previous address?</b>			
<b>Date you moved in</b>		<b>Date you left</b>	
<b>Who was the landlord/host?</b>			
<b>Why did you have to leave?</b>			
<b>Are there any outstanding rent arrears?</b>			
<b>Type of property &amp; number of bedrooms?</b>			

NEXT OF KIN..... TELEPHONE NO.....  
ADDRESS.....

DOES THE APPLICANT HAVE ANY CHILDREN? If so please give details.....  
.....  
.....

REFERRERS NAME.....SIGNATURE.....  
ORGANISATION & ADDRESS.....  
.....  
.....TELEPHONE NO.....

HOW LONG HAVE YOU KNOWN THE APPLICANT.....

**Section 3 - Benefits Received**

- Income Support       Incapacity Benefit       Severe Disablement Allowance   
Disability Living Allowance - Care / Mobility / Both       Jobseekers Allowance   
Occupational Pension       Government Training Allowance       On Appointeeship   
Other  Please list.....  
.....

**Section 4 – Mental and Physical Health**

PLEASE LIST OTHER AGENCIES INVOLVED:

	NAME	CONTACT NO.
C.P.N.		
SOCIAL WORKER		
G.P.		
PSYCHIATRIST		



**Does the client have a history of self harm?** If so please give details including date of last incident, current risk and any known triggers for client to self harm.

**Is client on any medication?** If so please list .....

.....

.....

**Does the client have a history of non-compliance or of misusing prescribed medication?**

If so please give details .....

.....

**Does the client have any physical disabilities or health needs that they need support with?**

.....

.....

**Has the client been identified as being vulnerable to abuse or at risk of exploitation?**

.....

.....

**Does the client have any alcohol or substance mis-use related problems (or history of)?**

If so, please give details, including how much the client currently uses per day.

**Section 5 – Support**

**Would the client like / need support with any of the following:**

- Setting up and maintaining a home
- Developing domestic and practical skills
- Developing social skills - managing behavior
- Advice, advocacy and liaison with statutory agencies
- Budgeting and benefit claims
- Emotional support, counseling and advice
- Access to other services (e.g. training, education)
- Making friends and leisure activities
- Personal safety and security
- Monitoring health and well-being
- General support and befriending
- Help maintaining the safety and security of the dwelling
- Access to local community organisations
- Liaison with probation

**Please note that not all services will be able to support all these support needs**

**Does the client have any outstanding debts or rent arrears?** If so please give details.....

.....

.....

**Does the client have any specific religious or cultural requirements?** .....

.....

.....

**Section 6 – Additional Information**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the client subject of a Section 117 discharge plan?                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the client on the mental health supervision register?               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is there a risk of financial exploitation?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client require any mobility / wheelchair adaptations?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client have any other special needs?                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are there any risks to the baby or child protection concerns?          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are there any safeguarding issues?                                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the client the subject of any entry on the sex offenders' register? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client have any criminal convictions?                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client have any outstanding court dates?                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client have any history of fire setting or arson?             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does the client need support to prevent homelessness?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the client owed a duty under the Housing Act 1996 (part VII)?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Corporate Warning System 'Alert' Showing                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**If yes to any of the above questions please supply a summary below:**



**GENERAL BACKGROUND INFORMATION**

Please include as much past and present information as possible (Employment, Family contact, social activities, general motivation etc). Please also ensure that the reason for making the support request is clear and that the applicant is aware that a referral has been made.

# RISK ASSESSMENT

Name of client: ..... Date of Birth: ..... Completed by: .....

	NO APPARENT RISK	LOW RISK	MEDIUM RISK	HIGH RISK
<b>Financial Management</b>				
<b>Arson</b>				
<b>Verbal Abuse / Aggression</b>				
<b>Physical Abuse</b>				
<b>Self Neglect</b>				
<b>Self Harm / Overdose</b>				
<b>Rent Arrears</b>				
<b>Diet</b>				
<b>Risk of assault to worker by clients family or friends</b>				
<b>Neighbour Harassment</b>				
<b>Alcohol / Drug Misuse</b>				
<b>Sexual Offences</b>				
<b>Offending Behaviour</b>				
<b>Non compliance of Medication</b>				
<b>Disengagement with services</b>				
<b>Neglect of Physical Health Issues</b>				
<b>Any other hazard (please state)</b>				

**DEFINITIONS:**

**No apparent risk** – no history or warning signs indicating risk.

**Low apparent risk** – No current behaviour indicating risk but client’s history indicates the possible presence of risk. Client has ability to recognise the need for assistance and to seek such assistance from appropriate sources and co-operates with services where appropriate. Client demonstrates appropriate behavioural boundaries.

**Medium risk** – Clients history and condition indicate the presence of risk and this is considered to be significant issues at present. Risk management plan to be drawn up as part of the clients support. Risk of behaviour occurring is on-going and has occurred in the recent past (within the last six months). The client has a limited ability to recognise the need for assistance and is unable to make significant changes without appropriate support. **Risk management plan to be drawn up by Senior Support Worker and implemented.**

**High Risk** – Client’s history and condition indicate the presence of serious risk and this is considered imminent – e.g. evidence of preparatory acts. The client has an ongoing and consistent history of demonstrating the risk behaviour and is unable to demonstrate the ability to recognise that there is a problem with their behaviour or for any need to change such behaviour. Client is uncooperative with all persons involved and there are no behavioural boundaries demonstrated even when supported. **RISK MANAGEMENT PLAN TO BE DRAWN UP BY SENIOR SUPPORT WORKER AND IMPLEMENTED. HIGHEST PRIORITY SHOULD BE GIVEN TO RISK PREVENTION AND MANAGEMENT.**

**INFORMATION SHARING**

I give consent to the Homeless Persons Team/ Leaving Care Team / Housing Support Provider to receive and forward information concerning my housing support needs in connection with this referral / nomination. This information will be treated in accordance with the Council's confidentiality procedure.

**CLIENTS NAME .....SIGNED ..... DATE.....**

**PLEASE ENSURE A RECENT RISK ASSESSMENT IS ATTACHED AND ANY RECENT REPORTS FROM PROFESSIONALS INVOLVED (PSYCHIATRIST, O.T. SOCIAL WORKER) WITH THE APPLICANT AS IT WILL HELP US TO REACH A QUICKER DECISION.**

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Although we do not currently have any culturally specific housing related support services we would like to monitor whether there is a demand for such services. Please tick to indicate whether you would prefer to use any of the following:

Please tick if you would like to use any of the services below	
Liaison and advocacy support from the same ethnic group	<input type="checkbox"/>
Cultural specific counseling and emotional support	<input type="checkbox"/>
Security and support related to racial harassment *	<input type="checkbox"/>
Signposting to culturally specific legal services	<input type="checkbox"/>
Signposting to culturally specific health/treatment services	<input type="checkbox"/>

**\* Sutton Racial Equality Council provides an advice service for all issues connected with racial harassment and discrimination 0208 770 6199**