

**APPLICATION FOR YOUNG PERSONS HOUSING SERVICE**

This application now covers the Foyer, Pathways and Cleveland; there is no longer the need to complete different application forms. Applicants will be allocated a place on the waiting list at the scheme most appropriate for their need. Agencies completing this form have the option of acting as the first referee. Should they not choose this option please read the back page of this form.

The Hawthorns-Paulton Road, Midsomer Norton

Low support accommodation comprising of 4 self contained flats, must be able to live independently. Can take 16-18 year olds providing they have low support needs and a guarantor.

Pathways-London Road, Central Bath

Pathway's is a hostel based on Wells Road in Bath and has 13 bed spaces for homeless young people between the ages of 16-19 (Secondary age group of 19-21) with high support needs.

The Foyer-Twerton, Bath

The Foyer is a supported housing scheme based on Dominion Road, Twerton, offering low to medium housing support, and education, employment and life skills training opportunities for 18-25 year olds in housing need. Please note 16 and 17 year olds may be considered in certain cases when the lease is negotiated and only if medium support and possibly with a guarantor.

Cleveland House-London Road, Central Bath

Low support accommodation comprising of 5 self contained flats for 16-25 year olds. Must be able to live independently and demonstrate low support needs. Also two self contained flats for young teenage mothers with medium support and training.

Cleveland Cottage-London Road, Central Bath

A shared house for two young people 16-25 year olds-low Support

Caroline House-London Road, Bath

17 self contained flats for 18-25 year olds-low support based in central bath. Must be low need and be able to live independently. Can take 16-18 year olds providing they have low support needs and a guarantor.

**Referrals-We only accept referrals from other agencies and will not accept self referrals**

Is this a social services referral?

Is this young person looked after by the care and after team?

Is this a referral from another agency? If so give details.

.....

.....

.....

.....

Please note this form is available in different languages should you require it and it is also available in large print

## **Data Protection: Fair Processing Notice**

Shape Housing Association and all other members of the Somer Housing Group are committed to protecting your personal data and respecting your right to privacy and confidentiality. All information about you will be processed in line with the Data Protection Act 1998, and will only be accessed by staff that are entitled to do so. We dispose of all personal information in a secure manner in line with the National Housing Federation's guidance on data retention.

The Data Protection Act 1998 requires us to inform you of our need to process your personal information, and receive your permission to do so. The following explains what information we need and why, and your right to access the information. If you need further explanations or you feel anything is unclear, please consult with the Shape Housing Association staff before signing this form to get further clarification.

### **Our Registered Purposes.**

Shape Housing Association is registered with the Information Commissioner with the reference: Z6627936.

Somer Community Housing Trust is registered with the Information Commissioner with the reference: Z6598589.

Somer Housing Group is registered with the Information Commissioner with the reference: Z659867X

Full details of each registration can be requested from a member of staff (who can contact the Somer Housing Group's Data Protection Officer for a copy) or from the Public Register of Data Controllers which can be found on the Information Commissioner's website: <http://www.ico.gov.uk/>

Shape Housing Association is registered to process personal data for:

- Property Management
- Research
- Staff, Agent and Contractor Administration
- Associated welfare services, advice and support
- Accounts & Records
- Crime Prevention and Prosecution of Offenders
- Benefits, Grants and Loans Administration
- Education

Information will be shared with Somer Community Housing Trust and Somer Housing Group for the purposes of Property Management and Accounts and Records, for example the processing of rent payments or repairs to accommodation. Sensitive personal data such as sessions with Shape Housing Association staff will not be shared.

Shape Housing Association may also share information with other third party companies for assistance with Shape Housing Association's registered purposes. Any information so shared will be destroyed once the task it was needed for is completed, and information will not be passed for advertising or marketing purposes. There will be no transfers of information outside the European Economic Area.

Note that there are circumstances where the information can be shared without your consent, for example if requested by a court or by the police in connection with investigating or resolving a crime. We can also share without consent when it fulfils all three of the following conditions: it is in the public interest to do so; the benefits of doing so outweigh the potential harm; and there is a pressing need to share the information.

### **Data Protection and You**

Note that you can limit what consent you grant to us to process your information, and can withdraw your consent at any time.

The information we keep on you should always be up to date and accurate. If you feel this is not case, you have the right to have it changed to be up to date and accurate. To assist us with this, we ask that you inform staff if anything about your circumstances that would affect our records changes.

You have the right to make a Subject Access Request to obtain a copy of your personal data, for a nominal fee of £10. You will need to make the request in writing, and the Somer Housing Group's Data Protection Officer will send the necessary forms and procedures to you.

You may also request to see what information is held about you in the presence of a staff member.

If you feel your rights under the Data Protection Act 1998 have been breached, please discuss the matter with the staff of Shape Housing Association who will look to swiftly resolve the matter. In the event that you feel this is not appropriate, you have the right to contact the Information Commissioner with any complaints, to ask for guidance, or seek enforcement of the Data Protection Act. It is recommended by the Information Commissioner that you first seek guidance about making complaints on their website: <http://www.ico.gov.uk/>

The Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

01625 545 745

By signing this form you state that you fully understand the above and consent to the processing of your personal data as described above.

Name:

Signature:

Date:

If you are under 16 years of age, the signature of a parent or legal guardian may also be required.

Name:

Relationship to-

Signature:

Date:



## YOUNG PERSON'S SERVICE APPLICATION FORM

The person who is applying for accommodation must be in agreement with the information provided in this form alongside the agency assisting in its completion. Both parties must sign.

We realise that some of the information requested is of a sensitive nature. It will be kept confidential to BSHHA except in cases of serious risk.

Name of worker \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Contact No: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

NAME of young person: \_\_\_\_\_ DOB \_\_\_\_\_

Have you used any other name \_\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_

Current/Contact Address \_\_\_\_\_

\_\_\_\_\_ Contact No: \_\_\_\_\_

How long have you known the person applying? \_\_\_\_\_

Proposed level of further contact \_\_\_\_\_

Please state what type of accommodation your client occupies (NFA, friends, private, rented, etc) \_\_\_\_\_

Has the person slept rough? Y/N Accumulatively for how long? \_\_\_\_\_

Is the person at risk of becoming homeless? \_\_\_\_\_

Please detail source of income \_\_\_\_\_

**Confidentiality Waiver Agreement**

NAME OF APPLICANT: ..... DOB: .....

ADDRESS:

Shape Housing Association will need to collate, share and store personal information relating to your work with us in order to provide the highest level of service and ensure that agencies or individuals with whom we are working jointly in your interest are kept informed. We will endeavour to respect your right to privacy at all times and only share information on a strictly “need to know” basis.

This information includes computerised personal data used for statistical purposes, paper files including risk assessments, action plans, rent/benefit information and so on.

Where concerns exist about your or the safety of others, we will inform the relevant authorities without first seeking your permission to do so.

**Declaration of Residents permission and release of responsibility:**

I, \_\_\_\_\_ authorise workers from Shape Housing Association to share, keep and receive information from the individuals or agencies listed below as applicable. I understand that I am entitled to access information kept about me in usual circumstances.

<b>Professionals/Agencies</b>		<b>Other agencies</b>	
DSS/Job Centre/HB Dept	YES/NO	_____	YES/NO
Doctor	YES/NO	_____	YES/NO
Probation Service	YES/NO	_____	YES/NO
Police	YES/NO	_____	YES/NO
Mental Health Team	YES/NO	_____	YES/NO
Primary Health Care Worker	YES/NO		
CDS	YES/NO		
Rockhall	YES/NO		
DHI	YES/NO		
BADAS	YES/NO		
Social Services	YES/NO	_____	
Housing Services	YES/NO	<b>Other</b>	YES/NO
Psychiatrist	YES/NO	_____	YES/NO

Signed Applicant  
Dated

Dated

INVOLMENT WITH OTHER ORGANISATIONS (other than the agencies listed above)

Organisation	Contact No:

Please tick the box and sign if you are happy for us to contact the above person's and discuss this application.

Please use the space below to explain why the person applying requires support and what kind of support they are asking for?

Schedule Housing Act 1996:

Is the person applying a board member or employee of the Association?

Yes  No

Have they been a board member or employee within the preceding 12 months?

Yes  No

Is the person applying a close relative of a board member or employee of the Association, or a relative of someone who has been ha board member or employee in the past 12 months?

Yes  No

**Risk to self: e.g. intentional self-harm, serious self-neglect.**

No Significant risk:  Current risk:  Past History:

Please give further details:

Risk to others e.g. History of violence, irritability, hostility or agitation

No Significant risk:  Current risk:  Past History:

Please give further details:

<b>ABUSE</b> Please consider the risk of abuse that the person applying may be vulnerable to:	
Physical Abuse	No significant risk <input type="checkbox"/> Current risk <input type="checkbox"/> Past History <input type="checkbox"/>
Financial Abuse	No significant risk <input type="checkbox"/> Current risk <input type="checkbox"/> Past History <input type="checkbox"/>
Psychological Abuse	No significant risk <input type="checkbox"/> Current risk <input type="checkbox"/> Past History <input type="checkbox"/>
Sexual Abuse	No significant risk <input type="checkbox"/> Current risk <input type="checkbox"/> Past History <input type="checkbox"/>
Neglect – imposed by others	No significant risk <input type="checkbox"/> Current risk <input type="checkbox"/> Past History <input type="checkbox"/>

For each domain (numbered 0-3), circle one statement that best applies to the applicant.

**1. General Health**

	Description
<b>0</b>	<b>Client has reported no significant health problems.</b>
<b>1</b>	<b>Minor concerns with health problems – minor physical ailments and maybe receiving treatment.</b>
<b>2</b>	<b>Moderate health problems – poor diet/teeth and sleeping problems, stomach pains.</b>
<b>3</b>	<b>Major concerns with health problems – extreme weight loss, vomiting, overdoses, abscesses/infections, poor liver function, significant memory loss, seizures.</b>
	<b>Additional Comments</b>

## 2. Psychological

	Description
0	No disabling or distressing problems with thinking, feeling or behaviour.
1	Minor disabling problems with thinking, feeling or behaviour – low mood, poor sleep, mild depression, may experience anxiety in certain situations.
2	Moderate disabling problems with thinking feeling or behaviour – may have a history of depression/anxiety, indicators of risk of suicide. Ability to manage but may require support/advocacy.
3	Disabling or distressing problems with thinking, feeling or behaviour – history of clinical depression/risk of stopping medication. Serious motivation issues, panic attacks, paranoia, may have impact on ability to manage accommodation.
	Additional Comments

## 3. Substance Misuse

	Description
0	No history of problematic drug and alcohol use. Or significant period of abstinence.
1	Suspected of periodic drug/alcohol use, or some over-indulgence but within social norm. Or may be on prescribed drugs but not supplementing from other sources.
2	Problematic drug/alcohol use – risk taking under the influence. May impact on ability to keep appointments.
3	Chaotic use of either alcohol or drugs. Unwilling to change lifestyle. May have a serious impact on ability to manage independent accommodation.
	Additional Comments

#### 4. Criminal Involvement

	Description
0	No criminal involvement (apart from possible possession of licit drugs for personal use)
1	Client may be suspected of minor criminal involvement – perhaps petty theft, drunk and disorder, public minor disorder offences.
2	Major concerns of client's regular criminal involvement – robbery, violence, car theft. History of prison sentences.
3	High risk of regular imprisonment – prolific offender
	Additional Comments

#### 5. Basic Education

	Description
0	No Problem
1	May have some problems with basic skills – reading/writing, needing help to deal with some correspondence and paying bills.
2	Has significant difficulties in reading/writing – may not be able to analyse bills and respond to correspondence.
3	Major difficulties with basic skills – Unable to read/write (or can read/write but not English)
	Additional Comments

## 6. Budgeting

	Description
0	No Problem – client doesn't feel there are any problems with budgeting. Able to balance income and outcome – is in receipt of regular income/full benefit entitlement.
1	Minor budgeting problems – not always able to pay bills/debts etc but is able to manage to get essential items, minor amounts owed.
2	Moderate budgeting problems – Not able to prioritise, often goes without paying bills. Occasionally has little or no money for several days. Might benefit from following a budgeting plan.
3	Major concerns with ability to budget – Very poor budgeting skills, often has no money and goes without essential items (food, heat and lighting). Most money spent on drugs/alcohol.
	Additional Comments

## 7. General Living Skills

	Description
0	No concerns about basic facilities, resources or living skills – able to manage independent accommodation with very little support.
1	Minor concerns about basic facilities, resources or living skills – may need support around specific tasks – benefit application and bills/rent.
2	A marked lack of basic facilities, resources or living skills – can carry out certain tasks with a significant amount of support
3	Serious lack of basic facilities, resources or living skills – unable to carry out tasks which impact on ability to maintain accommodation. May need home care or supported accommodation.
	Additional Comments

## 8. Social/Family Network

	Description
0	No evidence of problems with activities or in relationships with other people. Support from friends and family
1	Evidence of some problems with activities or in relationships with other people – may have a small support network of friends and family, would like to branch out and get involved in activities of interest, meet other people but feels unable to.
2	Persisting disabling problems with activities or in relationships with other people – maybe unable to handle daily hassles, limited social networks and family support and therefore tends to isolate them.
3	Serious social isolation and very disabling problems with activities or in relationships with other people – lack of supportive relationships, harassment from the public, use of home by unwanted guests.
	Additional Comments

## 9. Self Care

	Description
0	No evidence of problems with self-care.
1	Evidence of some problems with self-care.
2	Moderate problems with self-care – may not be eating/drinking appropriately, lacks personal hygiene, may not be claiming benefits/running up debts.
3	Serious self-care problems – very poor personal hygiene, maybe health risk to self or others. May not be able to maintain a safe environment.
	Additional Comments

## 10. Legal Issues

	Description
0	No Problem – no outstanding legal problems.
1	Minor legal problems – may have some civil/criminal issues outstanding but able to manage. May need some advice/advocacy.
2	Moderate legal problems – may have some civil/criminal issues outstanding and needs support and advocacy.
3	Major legal concerns – ongoing, outstanding legal issues/court appearances and has no support/advocacy. Outstanding warrants for arrest.
	Additional Comments

## 11. Debt

	Description
0	No problems – no outstanding debts.
1	Evidence of some problems with debt – minor amounts owed but currently attempting to repay.
2	Moderate debt problems – behind on any repayments and struggling to clear them. May be having problems with debt collectors. Threats of being taken to court.
3	Serious problems – large amounts of debt owed – no repayment presently being made. May be at serious risk of losing tenancy because of rent arrears.
	Additional Comments

## 12. Current Housing/Living Conditions

	Description
0	No Problems with accommodation.
1	Minor housing problems – may not be in suitable location, looking to transfer. May be in need of some essential household items/repairs.
2	Moderate housing problems – may be in temporary hostel accommodation, concerns around outstanding rent arrears, may have received letters from landlord concerned with ability to manage tenancy. May not be using flat as main accommodation.
3	Serious concerns about accommodation problems – serious lack of ability to manage their own home, at risk of eviction, issues of Anti-social Behaviour, or in totally inappropriate accommodation. Accommodation may not be compliant under the Disability Discrimination Act. Homeless, has no accommodation options.
	Additional Comments

## 13. Training and Employment

<p><i>Please note that if you are found suitable for the Foyer, as a condition of living there you will be expected to spend a minimum of 10 hours a week engaging in activities to help reach your own potential unless you are already in training, work or studying</i></p>	
	Description
0	Already in employment, training or on a college course.
1	Has started to look into options for training, studying and employment. Needs guidance to organise and make appropriate plans. Has good motivation.
2	May have some ideas but has not researched or explored options.
3	Not willing or ready to engage with training, work or education. No motivation or commitment.
	Additional Comments

#### 14. Previous Housing History

	Description
0	No Problems with accommodation.
1	Has successfully already lived independently but feels they need support, no issues with NTQ's or NOSP's.
2	Has had previous accommodation but struggled to manage the property resulting in arrears/ threats of evictions. Possible issues around rule breaking.
3	Can not hold down a tenancy and has had previous NTQ's and NOSP's. Problems with breaches and has been threatening to another tenant, broken the rules, been aggressive.
	Additional Comments

If you want to be classed as an agency helping to complete the form rather than an actual referring agent who can provide a reference please ensure that two references are given below. As with all applications it may be essential to meet the young person more than once to be able to complete this form in full.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of 1<sup>st</sup> Referee \_\_\_\_\_ Date \_\_\_\_\_

**Please provide details of a second referee:**

1st Referees Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_

**Please provide details of an additional referee if the person completing the application feels unable to act as a referee:**

2<sup>nd</sup> Referees Name if applicable

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_

Please return this form to Pathways, 18-24 Wells Road, Bath, BA2 3AP. Fax: 01225 334548.  
email: [anita\\_holden@somer.org.uk](mailto:anita_holden@somer.org.uk).

***This form was updated on the 28/02/2007 through agency feedback and is version 1 for 2007***

***Although allocation is dependant on support needs assessed at interview please state your preferred accommodation site.....***



**Belief System:**

- Christian
- Hindu
- Muslim
- Sikh
- Jewish
- Buddhist
- Atheist
- Refused answer
- Other (specify .....)

**Disability:**

- No Disability
- Physical/Sensory disability
- Mental Ill Health
- Learning Difficulties
- Behavioural Difficulties
- Other (specify.....)

**Appendix**

**The European Economic Area (EEA)**

**The following countries are in the EEA: (March 2005)**

Austria  
Belgium  
Denmark  
Finland  
France  
Germany  
Greece  
Ireland  
Italy  
Luxembourg  
Netherlands  
Portugal  
Spain  
Sweden  
United Kingdom  
Iceland\*  
Liechtenstein\*  
Norway\*  
Switzerland\*\*

\*These countries are in the EEA, but are not members of the European Union

\*\*An international treaty means that from 1 June 2002 Swiss nationals have a similar right to live in the UK as EEA nationals.

**The information collated by BSHHA regarding Equal Opportunities is only used for statistical and monitoring purposes and not for any other purpose.**

## Help with this leaflet

Please contact us if you need large print, audio, braille or a translation on **01225 366226**.

### URDU

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو ترجمہ کی ضرورت ہے ہم آپ کے لئے فراہم کر سکتے ہیں۔

### PUNJABI

ਜੇਕਰ ਇੰਗਲਿਸ਼ ਤੁਹਾਡੀ ਪਹਿਲੀ ਭਾਸ਼ਾ ਨਹੀਂ ਅਤੇ ਤੁਹਾਨੂੰ ਦੁਬਾਰੀਏ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਅਸੀਂ ਇਸਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ ।

### HINDI

यदि आंग्रेज़ी आप की पहली भाषा नहीं है और आप को अनुबाद की आवश्यकता है तो यह हम आप को प्रदान कर सकते हैं ।

### BENGALI

ইংরেজী আপনার মাতৃভাষা না হলে এবং আপনার কোন অনুবাদের প্রয়োজন হলে আমরা তা প্রদান করতে সক্ষম ।

### GUJARATI

જો તમારી પહેલી ભાષા અંગ્રેજી ન હોય અને તમને ભાષાંતરની જરૂર હોય તો અમે તમને તે આપી શકીએ છીએ

### SOMALI

Haddii Ingiriisku aanu ahayn afkaaga kowaad oo aad u baahan tahay furjumaad, annagaa kuu samayn karra.

### POLISH

Jeżeli angielski nie jest twoim podstawowym językiem i wymagasz interpretacji, skorzystaj z naszych usług.

### VIETNAMESE

Nếu quý vị không thạo Anh văn và cần bản dịch, chúng tôi sẽ giúp quý vị một bản.

### CANTONESE

如果英文不是您的第一語言，而您需要翻譯的話，我們可以為您安排。

### ITALIAN

Se l'inglese non è la vostra prima lingua e vi occorre una traduzione, ve la possiamo fare noi.