

HomeStay Application Form

TO BE COMPLETED FOR ALL APPLICANTS AND RETURNED TO HOMESTAY

National Insurance No: _____

Date of application: _____

Name of client: _____

Date of birth: _____

Address, including postcode: _____

Best method to contact you:

- Write
- Telephone

Address: _____

Postcode: _____

Telephone Number: _____

What type of home do you have?

- I'm Homeless Hostel or shared house
- Local Authority Tenant Residential Care Home
- Housing Association Tenant Hospital
- Living with family or friends Prison
- Private Tenant Temporary Accommodation
- Other _____

Have you seen the HomeStay Information Leaflet?

- Yes No

Who is your landlord? _____

Referring agency name and contact details, if appropriate:

Name: _____

Dept/ Team: _____

Address: _____

Tel: _____ Fax: _____

Are you happy for us to email client information? Yes / No

Email address: _____

Are you receiving support from any other agencies? Please provide their contact details:

Name: _____

Address: _____

Tel: _____

Email address: _____

Your doctor's name/telephone number: _____

Do you have a Housing Officer? Yes No

If yes please give us their name and contact details:

Do you have a Social Worker or Probation Officer? Yes No

If yes please give us their name and contact details:

Please give details of the housing support needs you have:

We can help with: budgeting and debt advice, welfare rights including form filling, help to understand your tenancy or mortgage responsibilities, help to get in touch with other services in your local community, help setting up your home, for example sorting out gas/electricity supplier, help to speak up for yourself, such as advocacy support, help to access training, education and employment, help to resolve neighbour disputes, help with court proceedings, such as tribunals or appeal hearings; etc

Please advise if you are behind on your rent/mortgage payments Yes No

If Yes - Please give details of amount you are in arrears by, if you have been threatened with eviction, or recently been evicted. Have you received a Notice of Seeking Possession Order?

RISK ASSESSMENT

These questions are to ensure you get the most appropriate help
Answering these questions will not affect your application to HomeStay in any way.

You may prefer to discuss some issues at the initial assessment with our staff.

Please note that any information given that relates to mental wellbeing will be shared with Julian Housing Support in order to identify which service meets your needs.

Do you have problems in the following areas now or in the past? If so please give brief details.

Drugs, Abuse of Prescription Medication or Solvent Misuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details: (What do you use, how much and how often?)	
<input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details: (What do you use, how much and how often?)	
<input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Does your behaviour present a risk to yourself? (e.g. Have you ever attempted suicide? Do you have suicidal thoughts? Do you self harm, or self neglect?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details	
<input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Does your behaviour present a risk to other people? (e.g. Are you or have you ever been aggressive or violent. or have you ever committed sexual offences; etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details <input type="checkbox"/> Please tick if you will only discuss this at an assessment	
Do you have any criminal convictions or cautions for any offence (or any pending)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give a brief outline of what they were and when they happened	
Are you working with MAPPA because you are High Risk Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what tier? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Are you working with probation as a Prolific or other Priority offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does someone you know present a risk to you or other People? (e.g. Exploitation, abuse, domestic violence, risk to children; etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this person still in the area or in contact with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details <input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Has your behaviour ever resulted in damage to yours or other people's property (e.g. Arson, theft; etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details <input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Medical Needs Do you have any physical health problems, are you taking prescribed medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details <input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Stonham HomeStay - Supporting independent living in Norfolk

Do you have mental health problems or issues with your mental wellbeing? e.g. Depression, Anxiety, Schizophrenia, Bi-Polar Disorder, Eating Disorders, Personality Disorder, OCD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details (Please note: Information in this section will be shared with Julian Housing Support) <input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Learning Needs Have you been assessed as having a learning difficulty or disability? Have you been diagnosed with Autism, Aspergers. ADHD, ADD, Dyslexia or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details <input type="checkbox"/> Please tick if you will only discuss this at an assessment	

Is there any other information about yourself or your situation that you would like to tell us about?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Details	

I give my permission for information on this form to be shared with HomeStay and/or Julian Housing Support.

I understand that this information will be considered by HomeStay who will pass this application to the appropriate HomeStay or Julian Housing Support manager and ask them to contact me to arrange an initial meeting.

Signed _____ Date _____

Stonham are committed to ensuring fair access to the HomeStay service and ensuring we are accessible to excluded communities and groups. As part of this process we ask for your co-operation in gathering information, by answering the following questions. Stonham will not discriminate on grounds of an individual's gender, sexuality, disability, age, colour, race, beliefs, nationality, ethnic or national origins. The next questions are for monitoring purposes only, will be kept confidential and will only be used for statistical purposes. Please tick:

Age:

16-17 18-24 25-29 30-44 45-64 over 65
Do not wish to disclose

Religion:

Christian Muslim Jewish Hindu
Buddhist Sikh Other None
Do not wish to disclose

Sexuality:

Heterosexual Gay Lesbian Bisexual
Transgender Do not wish to disclose

Disability:

Mobility Progressive Mental Health
Learning Difficulties Visual impairment Hearing impairment
Other Do not wish to disclose None

Ethnicity

White British		Asian or Asian British Pakistani	
White Irish		Asian or British Bangladeshi	
White Other		Asian or Asian British Other	
Mixed White and Black Caribbean		Black or Black British Caribbean	
Mixed White and Black African		Black or Black British African	
Mixed White and Asian		Black or Black British Other	
Mixed White and Other		Chinese	
Asian or Asian British Indian		Other	
Gypsy or Romany Traveller		I don't wish to answer	

Please return the form either by post, fax or email to:-

Stonham HomeStay Tel: 0845 155 0390
Heath House Fax: 0845 155 0391
5 Woolgate Court Email: StonhamHomeStayNorfolk@homegroup.org.uk
St. Benedict's Street
Norwich NR2 4AP



Consent for data processing

Please complete a new form for each agency/individual.

We aim to provide the best service we can. To do this we sometimes need to discuss your welfare and support with other agencies or people who are also supporting you. We need your consent to do this. To ensure we are all clear what you consent to we ask you to sign a separate form for each agency or individual concerned.

Where you are happy to give your consent, please sign the form below. You can change your mind and let us know you want to withdraw your consent at any time.

We provide a service to you that respects your privacy.

Your support charter explains what we mean by confidentiality. Unless someone is at risk of harm, or the law requires it, Stonham will not pass information on about you without your consent.

This information will be used solely to assess your application to our service.

Your consent to contact agencies and/or individuals who are supporting you			
I give my permission for staff at Stonham to discuss the following aspects of my support, health, safety and welfare with the following agency or person.			
Aspects of support e.g. support plan...			
Agency or individual Stonham staff can discuss the aspects of support identified with (e.g. social services, specific family members...)			
I consent for the information sharing described above, and acknowledge that in exceptional circumstances when someone may be harmed or when the law requires Stonham to, staff may contact agencies or individuals without my consent.			
Signed		Date	
Print name			