



Reach Housing & Enablement

APPLICATION FORM  
FOR  
HOUSING  
WITH  
CARE & SUPPORT

Reach Housing & Enablement  
12 Carsic Lane  
Sutton-in-Ashfield  
Nottinghamshire  
NG17 2AX  
Tel: 01623 559299  
Mob: 07919 283814  
E-mail: [info@reachhousing.com](mailto:info@reachhousing.com)



## **Contents**

How to complete this application form .....	2
Need Help? .....	2
Where to send the completed application form .....	2
What happens next? .....	2
Complaints.....	2
Application Form.....	3
HEALTH HISTORY .....	8
Involvement with Services.....	10
High levels of anger or hostility .....	13
Current Positive Risk Factors.....	16
Signatures .....	17

## How to complete this application form

- This application form can be completed either by yourself or someone else on your behalf
- Please make sure it is signed, if possible by you, at the end
- Please complete in full. If something doesn't apply to you please put N/A. DO NOT LEAVE IT BLANK
- If you would prefer to complete a more accessible version (with signs and symbols or larger print) please request a copy
- Please note that if you knowingly give any information which would mislead Reach staff you are at risk of losing any accommodation and support provided
- Everything within this form will be held confidentially within Reach, no information will be shared with a third party without express prior permission

### Need Help?

If you need a translation, larger print, an advocate or any other help completing this form please contact us and we will be able to do this.

### Where to send the completed application form

You can send this form back to us in one of the following ways:

- Giving it back to the person who provided you with it
- Taking/posting it to the place you would like to live
- Taking/posting it to the address on the cover of this form
- Emailing it to [info@reachhousing.com](mailto:info@reachhousing.com)

### What happens next?

Once we have received your application at our head office, it will be read thoroughly and a member of our team will contact you to discuss your needs further.

We may need to ask a few questions to make sure we have all the information needed before we make a decision.

### Complaints

If you feel that your application has been dealt with unfairly or in a discriminatory manner you have the right to complain.

To do this please contact our head office. The number is given on the front cover. The procedure for dealing with complaints is available to you.



## Application Form

### Personal Details

First Name:

Last Name:

Preferred Name:

Date of Birth:

Age at last birthday:

Are You:

Male

  

Female

NI Number:

Current Address:

  
  
  

Telephone number:

Mobile Number:

Post Code:

### What is your present accommodation?

- |   |  |
|---|--|
| <input type="checkbox"/> Family House         | <input type="checkbox"/> Bed & Breakfast               |
| <input type="checkbox"/> Social Services      | <input type="checkbox"/> Rough sleeper                 |
| <input type="checkbox"/> Foster Home/Guardian | <input type="checkbox"/> Private tenancy (bedsit/flat) |
| <input type="checkbox"/> Other Hostel         | <input type="checkbox"/> Council/housing association   |
| <input type="checkbox"/> Friends              | <input type="checkbox"/> Other (please state)          |



**Why are you looking for new accommodation?**

- |   |  |
|---|--|
| <input type="checkbox"/> Leaving hostel   | <input type="checkbox"/> Sleeping rough    |
| <input type="checkbox"/> Leaving hospital | <input type="checkbox"/> Asked to leave    |
| <input type="checkbox"/> Leaving prison   | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Leaving care     | <input type="checkbox"/> Racial Harassment |
| <input type="checkbox"/> overcrowding     | <input type="checkbox"/> Other Harassment  |

**Previous Addresses (in the last 12 months)**

Address 1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_

Address 2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_

Were these tenancy's under a:

- District Council
- Housing Association
- Private Landlord
- Other (please state)

Do you own any arrears? Y/N

If so, how much? \_\_\_\_\_

**Future Housing**

**Please tell us about any housing applications:**

- On a council Waiting list
- On a Housing Association waiting list
- Applied to another accommodation provider (if so please state where) \_\_\_\_\_

**Which area would you like to live in?**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_



**Do you need any of the following?**

- To live in shared accommodation with a private bathroom and 24 hr support
- To live in accommodation where staff are provided on requested days
- To live independently in the community with some support through the week
- Ground floor accommodation to meet physical needs

**What kind of help are you looking for from Reach Housing?**

Please tick

- |  |  |
|--|--|
| <input type="checkbox"/> Budgeting           | <input type="checkbox"/> Cooking                 |
| <input type="checkbox"/> Shopping            | <input type="checkbox"/> Work/Training/Education |
| <input type="checkbox"/> General Counselling | <input type="checkbox"/> Cleaning                |
| <input type="checkbox"/> Advice              | <input type="checkbox"/> Personal Support        |

**Other Support**

**Do you receive support from any other agencies/professionals?**

For example: Care Manager/Probation Worker/Councillor/Social Worker etc.

If so please give their details so we can contact them for further information.

Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
	_____		_____
No:	_____	No:	_____
E-Mail	_____	E-Mail	_____



**Next of Kin**

Name:

---

Relationship:

---

Address:

---



---



---



---

Contact Numbers:

Home:

---

Mobile:

---

Post Code:

---

**Economic Status**

Please tick the box which closely describes your history of working:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Youth Training |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Unemployed     |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> College/school |

Reach Housing aims to help those who have personal difficulties as well as specific needs.

Please help us by letting us know if any of the following are relevant to you:

- |   |   |
|---|---|
| <input type="checkbox"/> Been in LA Care      | <input type="checkbox"/> Lived rough on the streets |
| <input type="checkbox"/> Drug misuse          | <input type="checkbox"/> Problems with Alcohol      |
| <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Been convicted in court    |

When?	Reason?



**Monitoring Information**

It is the intention of Reach Housing to make sure that applicants receive equal treatment.  
To make policies effective please complete the following form

**How did you find out about Reach Housing & Enablement?**

<input type="checkbox"/> Hostel	<input type="checkbox"/> Housing Organisation	
<input type="checkbox"/> Careers Service	<input type="checkbox"/> Social Services	
<input type="checkbox"/> Family	<input type="checkbox"/> Probation or Police	
<input type="checkbox"/> Friend	<input type="checkbox"/> School/College	
<input type="checkbox"/> Employment Service	<input type="checkbox"/> Other (please state)	_____

**Are you registered disabled?**

<input type="checkbox"/> Partial Sight	<input type="checkbox"/> Blind	
<input type="checkbox"/> Deaf	<input type="checkbox"/> Partial Deafness	
<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Restricted Mobility	<input type="checkbox"/> Other (please state)	_____

**How would you describe your Ethnic Origin?**

<input type="checkbox"/> British - White	<input type="checkbox"/> African Caribbean	
<input type="checkbox"/> British - Black	<input type="checkbox"/> Indian	
<input type="checkbox"/> British - Asian	<input type="checkbox"/> Pakistani	
<input type="checkbox"/> British - Other	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Welsh	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Irish	<input type="checkbox"/> Decline to answer	
<input type="checkbox"/> English	<input type="checkbox"/> Other (please state)	_____





HEALTH HISTORY	YES	NO	Comments
<b>Have you ever had any of the following?</b>			
Allergies, e.g. hay fever, drugs, etc			
Black outs or epilepsy			
Heart troubles			
Raised blood pressure			
Tuberculosis			
Diabetes			
Asthma, bronchitis or pneumonia			
Nervous disorders, nerves or breakdown			
Dermatitis or other skin disorders			
Skin infection			
Back trouble-causing time off work			
Varicose veins			
Rupture			
Fainting attacks			
Giddiness			
Recurring stomach trouble			
Recurring bowel problems			
<b>Have you any disabilities affecting</b>			
Standing			
Walking			
Stair climbing			
Lifting			
Use of hands			
Working at heights			
Ability to drive motor vehicles			
<b>Have you ever had?</b>			
Typhoid fever			
Paratyphoid fever			
Ear trouble			
Chest problem with cough and phlegm			



<b><u>At present are you suffering from?</u></b>			<b><u>Comments</u></b>
A cough with phlegm			
Acne, boils, sty's or septic finger			
Diarrhoea, abdominal pain, fever			
Have you visited the dentist within the last six months			
Are your eyesight satisfactory, wearing glasses if necessary?			
Are you at present having any injections, or taking pills, tablets or medicines?			
Have you ever suffered from any accident or disease requiring hospital admission or operation?			
Have you stayed away from work in the last year? If so how long?			
Have you had a chest x-ray in the past five years? If yes, was it normal?			
<p>Please give any further details of health problems or disabilities, not covered above which could result in absence from work.</p>			



Involvement with Services	<u>Comments</u>
<p><b>Forensic History</b> - Special hospital, prison for violent crime, probation, secure unit, violent incidents involving police</p>	
<p><b>Psychiatric admission to hospital</b></p>	
<p><b>Involvement with Mental Health Services</b> - Informal/compulsary</p>	
<p><b>History of un-negotiated/non-compliance with medication</b></p>	
<p><b>History of Loss of contact</b></p>	
<p><b>History of failure to attend appointments</b></p>	
<p><b>History of prevention or avoidance of co-ordination of care</b></p>	



<u>Involvement with Services</u>	<u>Comments</u>
History of active avoidance of involving with services when ill	
Not responding to treatment	

<u>Risk to Self &amp; Others</u>	<u>Comments</u>
Personality disorder	
Schizophrenia	
Dementia	
Learning Disability	
Loss/Severe Stress	
Lives Alone	



<b>Homeless</b>	
<b>Social Isolation</b>	
<b>Unemployed</b>	
<b>Risk of illness</b> - Through inadequate food handling/hygiene	
<b>Concern by Carers/relatives</b>	
<b>Depression</b>	
<b>Alcohol Abuse</b>	
<b>Drug/substance abuse</b>	
<b>Serious self-neglect</b>	



<b>Abuse by Others</b> - Financial, sexual, physical etc	
<b>Accidental harm at home</b> - Falling that did or could lead to serious injury, careless smoking, cooking etc.	
<b>Accidental harm outside home</b> - Wandering into roads etc.	
<b>Suicidal ideation</b>	
<b>Suicide attempts</b>	
<b>Disorganised</b>	
<b>Unsupportive/absent family</b>	
<b>Main care provider has serious or mental health problems</b>	

High levels of anger or hostility	<b><u>Comments</u></b>
<b>Clinical diagnosis &amp; active symptoms</b>	



<b>Homeless</b>	
<b>Presence of situational factors</b> - Associated with past violence	
<b>Access to potential victims</b>	
<b>Preparation to harm others</b>	
<b>Risk from persons environment</b>	
<b>Risk of fire</b> - Through smoking/cooking	
<b>Concern expressed by carers/relatives</b>	
<b>Alcohol abuse</b>	
<b>Drug/substance abuse</b>	



<b>Arson</b>	
<b>Neglect of dependent</b>	
<b>Destruction of property</b>	
<b>History of sexual assault</b> - Inc. exposure & touching etc.	
<b>Specific treats made</b>	
<b>History of Violence</b>	
To Family	
To people living in the same household	
To staff	
To other patients/clients	





To general public	
To animals	
To specific others	
<b>Physical harm caused - Minor/serious/fatality</b>	
<b>Risk to people other than violence</b>	
<b>Risk to staff</b>	

Current Positive Risk Factors	<b><u>Comments</u></b>
<b>Responding to treatment</b>	
<b>Co-operating with treatment</b>	
<b>Fear of own potential for violence</b>	



<b>Other positive factors - please specify</b>	
<b>Good insight</b>	
<b>Good social networks</b>	
<b>No active interest in or knowledge of weapons or violence</b>	
<b>Valued home environment</b>	

## Signatures

This section **MUST** be completed. It is Reach Housing expectation that as far as practically possible all applicants should sign or make their mark on this application form:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this form has been completed on behalf of the applicant please sign below

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Position/relation to applicant \_\_\_\_\_

Employing Authority/Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_