



Request for Housing Related Support

This is a request to be provided with Housing Related Support. As far as I am aware, the information provided is correct.

I have received consent for this information to be sent to and shared with other relevant organisations who may support my client.

Section 1 - Housing Support Needs

Please indicate the service required:

Has client consent been given?

If No, please obtain consent before proceeding.

Section 2 - Applicant Details

First Name

Surname

Date of Birth

All Date Fields are DD/MM/YYYY. Please use the date picker.

National Insurance

Leeds Homes
Bidding Number

Applicant's preferred
method of contact

Preferred Contact Number

Email Address

Preferred Language

If the language you require is not in this list, please record it in this box

Is an interpreter required?

Any other communication
requirements

Is there anything else we need to be aware of before making contact?

Current Housing Status

Housing Status Date

All Date Fields are DD/MM/YYYY. Please use the date picker.

Address

House/Flat Nbr and Street

Town

County

Postcode

Tenure Type

Resident from

All Date Fields are DD/MM/YYYY. Please use the date picker.

Resident Up to

(Leave blank if current and there are no immediate plans to move out)

Section 3- Other family members at address

All Date Fields are DD/MM/YYYY. Please use the date picker.

Surname	Forenames	Relationship	DOB	Gender	Parentally Responsible
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of dependents

Is the applicant pregnant?

Section 4 - Other professionals involved

Contact Name	<input type="text"/>		
Contact Type	<input type="text"/>	If Contact Type is Other, please state in description.	
Description	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Contact Name	<input type="text"/>		
Contact Type	<input type="text"/>	If Contact Type is Other, please state in description.	
Description	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Contact Name	<input type="text"/>		
Contact Type	<input type="text"/>	If Contact Type is Other, please state in description.	
Description	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Contact Name	<input type="text"/>		
Contact Type	<input type="text"/>	If Contact Type is Other, please state in description.	
Description	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Section 5 - Hazards and Risk

Which of the following should we consider when working with this applicant?

Risk to self

Risk to staff

Risk to property

Risk to wider community

Violence, harassment, abuse

Domestic / sexual abuse

Arson / fire

Offending history

Alcohol / drug use

Sex worker

Safeguarding

Other vulnerability: eg, mental /
physical health, financial

Additional information and any other
risks.

Is the applicant subject to:

Multi agency public protection arrangements (MAPPA)

Front Door Safeguarding Hub (MARAC)

Early help assessment

Community treatment order

Child protection plan

Probation/CRC

If yes, please provide tier

If accepted, the applicant may be provided with a support-based service involving LONE WORKERS visiting him/her regularly at home or in public places

Are there any precautions required regarding lone working?

If yes, please state precautions required.

Section 6 - Key Contacts

Is this a self-referral?

If no, please add referrer details here:

Contact Name

Contact Type

If Contact Type is Other, please state in description.

Description

Phone

Email

Would you like to be invited to the assessment?

Length of time you have known the applicant.

Does any part of this form need to be kept confidential from the client?

Please state what information, if any, needs to be kept confidential from the client:

Who is the primary contact to speak to about this referral?

If other, please provide details of who to contact about this referral

Contact Name

Contact Type

If Contact Type is Other, please state in description.

Description

Phone

Email

Section 7 - Equal Opportunities Monitoring

We need to make sure that we are providing an accessible service that helps all vulnerable people in Leeds who require housing support. To do this we must monitor the referrals that we receive to make sure that we are reaching all sections of society. The information will be used for monitoring and statistical reasons only. You do not have to answer these questions if you do not want to.

What is your gender?

Do you identify as being transgender?

What is your sexuality?

Please indicate which best describes your ethnic origin

Do you consider yourself to be disabled?

What is the nature of your impairment? If more than one, please select the main one.

Do you have a religion?

What is your residency status?

Do you consider yourself to be a carer?