This form is designed to collect the information required to understand the housing needs of the person being referred for supported housing, so Daarim can determine whether it is able to offer suitable accommodation and support.

Daarim will not be able to offer accommodation unless every question is answered in full, and all necessary supporting evidence is provided or made available.

|  |  |
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| **Part One** | **Prospective Applicant’s Name, Address and Contact Details** |
| Full Name | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Gender | Choose an item. |
| Ethnicity | Choose an item. |
| Contact Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| National Insurance Number | Click or tap here to enter text. |
| Previous Address Including Full Post Code | Click or tap here to enter text. |
| Select Property Type Applicant is Coming From. | Choose an item. |

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| **Part Two** | **Referrer’s Name and Contact Details (skip to Part Three if self-referring)** |
| Full Name | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Relationship to Applicant | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |

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| **Part Three** | **Applicant’s Housing Requirements** |
| Is the applicant homeless or at risk of homelessness? | Choose an item.  If yes, how long for?  Click or tap here to enter text. |
| What preferred area/town is accommodation required? | Click or tap here to enter text. |
| Is there an area/town the applicant is **not** able to live? | Choose an item.  If yes, please specify  Click or tap here to enter text. |
| Is the applicant able to live with other people. | Choose an item. |
| Specify ***essential*** accommodation requirements. **(tick all that apply)** | Wheelchair Access  Onsite Staff  Single Occupancy  Click or tap here to enter text. |

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| **Part Four** | **Applicant’s Support Requirements** | | | | |
| Does the applicant have a diagnosed learning disability, physical or mental health condition?  **(if yes, please specify)** | Choose an item.  If yes, please specify  Click or tap here to enter text. | | | | |
| Does the applicant need information to be provided in a particular format? | Choose an item.  If yes, please specify *e.g. Easy-read, large font, simplified language, or another?*  Click or tap here to enter text. | | | | |
| Please provide contact details for the applicant’s social worker. | Full Name | Click or tap here to enter text. | | | |
| Contact Number | Click or tap here to enter text. | | | |
| Email Address | Click or tap here to enter text. | | | |
| Does the applicant need help with any of the following?  **(tick all that apply)** | Applying for welfare benefits | |  | Managing bills/finances |  |
| Food and/or other shopping | |  | Healthy cooking/diet |  |
| Substance misuse | |  | Physical and/or mental health |  |
| Accessing services | |  | Reading and writing |  |
| Living with others | |  | Safety in the community |  |
| Personal Hygiene | |  | Keeping a clean room |  |
| Does the applicant have a care package funded by Adult Social Care (ASC) or otherwise? | Choose an item.  If yes, please specify  Click or tap here to enter text. | | | | |
| Does the applicant have any criminal convictions? | Choose an item.  If yes, please specify  Click or tap here to enter text. | | | | |

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| **Part Five** | **Income and Benefits** | | | |
| Is the applicant in receipt of any of the following welfare benefits? | **Name of Benefit** | | **Weekly Amount** | **Date Awarded** |
| Disability Allowance (DLA) | |  | Date. |
| Employment and Support Allowance (ESA) | |  | Date. |
| Income Support (IS) | |  | Date. |
| Personal Independence Payment (PIP) | |  | Date. |
| Universal Credit (UC) | |  | Date. |
| Enter other benefit(s)  received, or waiting to hear about. | Click or tap here to enter text. | | | |
| Approximately how much capital, savings or investments does the applicant have? This includes bank accounts, savings, shares, property. | **Category** | **Amount** | | |
| Current Account |  | | |
| Savings Account |  | | |
| Shares |  | | |
| Property |  | | |
| Other |  | | |

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| Does the applicant currently claim Housing Benefit? | Choose an item.  If yes, enter claim reference  Click or tap here to enter text. |
| Please provide any further information that may be relevant to the application. | Click or tap here to enter text. |

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| **Part Six** | **Consent and Declaration** | |
| Do you give your consent for Daarim to discuss and/or share information/documents with relevant bodies as appropriate? | Choose an item.  If no, please specify  Click or tap here to enter text. | |
| I understand and agree with the following. | * Daarim CIC will use this information to determine whether it can offer supported housing to the applicant. * Daarim CIC may need to share information relating to any tenancy issued, including the rent account and any matters that constitute a breach of tenancy, with relevant third parties. * Inaccurate or incomplete information may affect the applicant’s tenancy and/or the level of any Housing Benefit award. * The applicant may be served a notice to quit and/or be liable for the rent, and be required to contribute to the rent from their other income or savings.   Choose an item. | |
| I declare that the information provided is correct and complete. | Full Name | Click or tap here to enter text. |
| Relationship to Applicant | Click or tap here to enter text. |
| Signature *(insert digitally, draw, or print to sign)* |  |
| Date | Click or tap to enter a date. |
| **Please email the signed and fully completed referral form and any other supporting documentation to referrals@daarim.co.uk** | | |