HILLDALE housing association

Save the Family
Keeping Families Together

INTRODUCTORY PAGE

Please read before proceeding

- This is the referral form for supported accommodation at Save the Family, under the provision of their landlords, Hilldale Housing Association. Once the form has been completed and returned, the referrals process will be initiated.
- Save the Family are a Chester-based charity which provides residential accommodation and support for families that are homeless (or at risk of becoming homeless) and who have multiple and complex needs.
- Please read the referral form carefully and provide honest responses to each of the questions. Any information provided within this form will be shared between both Save the Family and Hilldale.
- This sensitive information will be held in alignment with the Data Protection act 2018, along with our own data retention policy.
- You will be asked to provide **photographic ID** alongside your application, as well as 3 month's Bank Statements and evidence of any benefits you receive.
- Please note, we will not be able to proceed with applications that do not grant us consent to *gather and/or share information between services*.

APPLICANT SUMMARY

MAIN APPLICANT

Title.	
First name(s).	
Surname.	
Previous name(s).	
Date of Birth.	
NI number.	
Current Address & type of accommodation. *(House, refuge, temporary accommodation etc.)*	
Contact details.	

Please provide details of anybody who will be living with the applicant:

First name	Surname	D.O.B.	Gender	Relationship to applicant

Is this a self-referral? **Yes** ☐ ☐

If the above answer is no:

Person Making referral:

Name

Organisation

How are you known to the applicant?

Contact details. *(telephone & email)*	
Address & Postcode	

I confirm that I have discussed this referral with the applicant.

Signed	Date

APPLICANT TO COMPLETE *(where possible):*

I confirm this referral has been discussed with me, and I agree to this application being sent to Hilldale Housing Association

Signed	Date

Section 2: Support needs.

Save the family provide supported accommodation for homeless families. To meet eligibility, families need to be:

- Homeless or at risk of becoming homeless.
- Have children in their care be on a rehabilitation plan to have children placed back in their care or be at least 25 weeks pregnant.
- Require support at the partnership plus level, which means they have two or more unmet needs that require additional support on top of the universal services.

Please X any of the support needs listed below that you require support with (you can tick more than one). This will help to assess eligibility and help to create a support plan if you are offered a place.

For all *support needs* ticked, please include details:

SUPPORT NEED	***PRESENT***	***HISTORIC***
Mental Health		
Substance Misuse		
Social Care Involvement		
Care Leaver		
Domestic Abuse		
Rent Arrears or Debt		
Disability		
Young carer		
Other		

Are you aware of any criminal offences or charges in your name that may be present on a Police check?

Yes ☐ No ☐

If yes, please provide details below (*include any convictions and sentences, as well as the dates*):

SECTION 3: Previous residence and reason for referral.

Please provide details as to why you are making a referral to Save the Family:

Why is your current accommodation unsuitable?

What type / areas of support do you feel that you will benefit from?

Please provide details of your current residence:

- Which area do you currently live in?
- Type of accommodation
- Are you a tenant, owner, lodger, or other?
- Who is your landlord?
- Do you live alone or share with others?
- How long have you lived there?
- Is this your permanent home?
- Do you receive housing benefit at this address?

Accommodation requirements:

- How many bedrooms will you require?
- Do you have any mobility problems, health problems or disabilities that may require adaptations to an accommodation? Yes ☐ No ☐

If yes, please provide details:

Section 4: Professional involvement and consents.

Are you, or have you been supported by any other professionals?

Yes ☐ Previously ☐ No ☐

If yes, please provide details below (*examples may include social services, mental health services, debt services, children's support services etc*.):

Full Name	Organisation	Relationship to applicant	Contact number	Email address

Please read the following statement regarding your information being shared between services:

I hereby give my permission for Save the Family and Hilldale Housing Association to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police record information gathered about me, in order to carry out their landlord duties.
As such my rights under the Data Protection Act 2018 will not be affected and my landlord will adhere to the General Data Protection Regulation Guidelines to protect my personal information.

Statement of Consent:

- *I understand that personal information is held about me.*
- *I have had the opportunity to discuss the implications of sharing or not sharing information about me.*
- *I agree that personal information about me may be shared and gathered from the following agencies (including but not limited to):*
  - *My Local Authority's Housing Benefits Department*
  - *NHS and other Health Services, including my GP practice*
  - *Early Intervention Service including the police*
  - *Adult Services*
  - *Mental Health Services*
  - *Education Support Services*
  - *Social Care*
  - *Voluntary Sector Organisations, such as Age Concern, Mind*
  - *Housing Providers*

Are there any agencies or individuals that you DO NOT want us to gather or share additional information with? If so, please include details below:

Having read and understood the above statement, I agree to my information being gathered and shared between services:

Signed:	Date:

If this application has been completed by a professional/other, the person being referred must provide consent to their information being gathered and shared between services.

Signed:	Date:

Section 5: Demographic - ethnicity/diversity monitoring.

Save the Family is committed to equal opportunities and diversity. It is determined that in its provision of services and as an employer it will ensure equality of opportunity for all, regardless of age, race, gender (including gender reassignment), disability, marital status, sexual orientation, or religion or personal belief.

To help us implement and monitor this policy please could you provide us with the following information:

Gender Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐
If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?
Yes ☐ No ☐ Prefer not to say ☐

Age

16-24	☐	25-29	☐	30-34	☐	35-39	☐	40-44	☐	45-49	☐
50-54	☐	55-59	☐	60-64	☐	65+	☐	Prefer not to say			☐

What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian	☐	Pakistani	☐	Bangladeshi	☐
Chinese	☐	Prefer not to say	☐		

Any other Asian background, please write in:

Black, African, Caribbean or Black British

African	☐	Caribbean	☐	Prefer not to say	☐

Any other Black, African or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean	☐	White and Black African	☐
White and Asian	☐	Prefer not to say	☐

Any other Mixed or Multiple ethnic background, please write in:

White

English	☐	Welsh	☐	Scottish	☐	Northern Irish	☐
Irish	☐	British	☐	Gypsy or Irish Traveller	☐	Prefer not to say	☐

Any other White background, please write in:

Other ethnic group

Arab	☐	Prefer not to say	☐

Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes	☐	No	☐	Prefer not to say	☐

What is the effect or impact of your disability or health condition on your work? Please write in here:

What is your sexual orientation?

Heterosexual	☐	Gay	☐	Lesbian	☐	Bisexual	☐
Asexual	☐	Pansexual	☐	Undecided	☐	Prefer not to say	☐

If you prefer to use your own identity, please write in:

What is your religion or belief?

No religion or belief	☐	Buddhist	☐	Christianity	☐	Hindu	☐
Jewish	☐	Muslim	☐	Sikh	☐	Prefer not to say	☐

If other religion or belief, please write in:

What is your marital status?

Single	☐	Married	☐	Civil partnership	☐	Separated	☐
Divorced	☐	Widowed	☐	Prefer not to say	☐		

Thank you. This information will be treated in the strictest confidence.

Section 6: Financial information for Housing Benefit.

INFORMATION REQUIRED FOR HOUSING BENEFIT APPLICATION

Do you receive / have you applied for…		**Rate** **Delete as appropriate*	**Value**	**Frequency**	**Start Date**
Universal Credit?	**YES / NO**				
Income Support, Income-based JSA, Pension Credit?	**YES / NO**				
Employment & Support Allowance (ESA) *Please specify the components you receive*	**YES / NO**	Assessment Phase* Main Phase*			
		Work Related Group* Support Group*			
		Contribution Based* Income Based*			
Disability Living Allowance *(DLA) – Care?*	**YES / NO**	Higher* Medium* Lower*			
Disability Living Allowance *(DLA) – Mobility?*	**YES / NO**	Higher* Lower*			
Personal Independence Payment (PIP) – Daily Living?	**YES / NO**	Enhanced* Standard*			
Personal Independence Payment (PIP) – Mobility?	**YES / NO**	Enhanced* Standard*			
Attendance Allowance?	**YES / NO**				
Child Benefit?	**YES / NO**				
Any other benefits or allowances? *(Please specify)*	**YES / NO**				
Do you have any income from employment?	**YES / NO**	Hours?			
Do you receive any money from any other sources? (*please give details below)*	**YES / NO**				

Do you have any interest in any Property/ Land/Caravan/Mobile Home/Investments? *(please give details)*	
Do you have any capital and/or savings? *(please detail)*	

BANK DETAILS

Name of Bank/Building Society

Sort Code | Account No. | Balance

APPLICANT DECLARATION

1. I confirm that the information provided in this form, is accurate. Failure to disclose any relevant information may lead to my application being suspended, in accordance with Hilldale's Allocation and Lettings Policy.
2. If following my re-housing, I understand that information obtained found to be in breach of Hilldale's Allocation and Lettings Policy, Hilldale Housing Association Ltd may commence proceedings against me (the applicant) on the grounds of obtaining my tenancy by deception.

Signed

Date

The above declaration has been explained to me by:

Relationship *e.g., Family member, Advocate, Appointee, Social Worker, Other (please state)*

Name

Signed

Date

Contact details *(Tel. & Email)*

Section 7: Form completion and submission.

Thank for you for taking the time to complete this form and begin a referral into Save the Family. Any information included within this form will be kept under the standards of the Data Protection Act 2018.

Please be aware, that you can withdraw from this process at any time by contacting any the following email addresses. If you would like to be withdrawn from consideration AND have your information removed, please make it explicitly clear in your email.

If you require any further information as to our referrals process, or an update regarding your application, please contact us via the email links included below. Again, it is recommended that photographic ID, Bank statements and proof of benefits be included alongside your application.

Please return this form and any accompanying documents to the following addresses:

- rachael.stanley@savethefamily.uk.com
- vicki.chisholm@savethefamily.uk.com
- referrals@savethefamily.uk.com
- info@savethefamily.uk.com