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|  | **Adullam Homes Housing Association Limited****Application for Supported Housing or Support in Your Own Home** |
|  |  |
| About Your Application |
|  |
| **How We Handle Your Application**We will hold all information under the Data Protection Act 1998. We will keep the information you have given us to assist us in providing services to you. We will keep all your information confidential. You can ask for a leaflet to find out how we do this.We must protect the public funds we handle, so we may use the information to prevent and detect fraud.  | Please return this form to:

|  |  |
| --- | --- |
| 🖃 | Adullam Homes Housing AssociationWalter Moore House 34 Dudley StreetWest BromwichB70 9LS  |
| 🖁 | 0121 271 0789 |
| @ | WMlettings@adullam.org.uk |
| 💻 | [www.adullam.org.uk](http://www.adullam.org.uk) |

 |
| If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.3 Arabic3 French3 Somali3 Gujarati3 Urdu3 Polish |
|  |
| SP_Logo | *Adullam Homes Housing Association Limited is a charitable Industrial and Provident Society.* | exc mark col |

**Please complete the form in full**

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| Section 1 – About You |  |
| **Your Details** |  |
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| --- | --- | --- | --- | --- |
| Title | First Name | Last Name | Date of Birth | Gender  |
|  |  |  |  |  |
| Title | First Name | Last Name | Date of Birth | Gender  |
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 | ★If you are living or want to live with a partner (of either the same or opposite sex) please also give their details. |
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| Please tell us about any other names you or you partner may have used in the past. |
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| Please tell us your National Insurance Number(s). |
|  |
| You | Your Partner (if applicable) |
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 | ★If you do not know your National Insurance Number please contact us. |
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| Please tell us about any children that currently live with you or will be living with you. |  |
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| --- | --- | --- | --- |
| First Name | Last Name | Date of Birth | Gender |
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| Please tell us about the economic status of the person(s) applying. |
|  |
| Main | Joint |  | Main | Joint |  |
| ⬜ | ⬜ | Full Time Work | ⬜ | ⬜ | Part Time Work |
| ⬜ | ⬜ | Full Time Student | ⬜ | ⬜ | Part Time Student |
| ⬜ | ⬜ | Retired | ⬜ | ⬜ | Long Term Sick or Disabled |
| ⬜ | ⬜ | Full Time Carer | ⬜ | ⬜ | Job Seeker |
| ⬜ | ⬜ | Asylum Seeker or Refugee | ⬜ | ⬜ | Work-based Training or New Deal |

 | ★If, for example, you work part time and study part time please tick both boxes. |
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| Please tell us what income the person(s) applying receive. |
|  |
| Main | Joint |  | Main | Joint |  |
| ⬜ | ⬜ | Salary or Wages | ⬜ | ⬜ | Personal Independence Payment |
| ⬜ | ⬜ | Job Seeker’s Allowance | ⬜ | ⬜ | Disability Living Allowance |
| ⬜ | ⬜ | ESA | ⬜ | ⬜ | Pension (Private or State) |
| ⬜ | ⬜ | UC |  |  |  |

 | ★Please tick all the boxes that apply. |

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| **About Your Current Accommodation** |  |
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| Please tick the box that best describes where you live now. |
|  |
| Main | Joint |  | Main | Joint |  |
| ⬜ | ⬜ | Housing Association | ⬜ | ⬜ | Local Authority or Council |
| ⬜ | ⬜ | Privately Rented | ⬜ | ⬜ | Prison |
| ⬜ | ⬜ | Approved Probation Hostel | ⬜ | ⬜ | Homeless / Roofless |
| ⬜ | ⬜ | Direct Access Hostel | ⬜ | ⬜ | In Hospital |
| ⬜ | ⬜ | Living with Family or Friends | ⬜ | ⬜ | Short Life Housing |
| ⬜ | ⬜ | Supported Housing | ⬜ | ⬜ | Homeless Hostel |
| ⬜ | ⬜ | Residential Care Home | ⬜ | ⬜ | Children’s Home |
| ⬜ | ⬜ | Foster Care | ⬜ | ⬜ | Bed & Breakfast |
| ⬜ | ⬜ | Home Tied with Job | ⬜ | ⬜ | other |

 | ★If you are not sure which of these categories your home falls into, please contact us. |
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| Please give us your current address and the address of your partner (if different or applicable). |
|  |
| Your Address | Your Partner’s Address (if applicable) |
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| Please tell us why you want to leave your current accommodation. |  |
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 | ★If you need to move out by a certain date, please also write this here. |
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| Are you (or your partner) currently registered and on any Local Authority or Housing Association waiting lists for accommodation? |  |
|  |  |
| ⬜ Yes ⬜ No ⬜ Not Sure |  |
|  |  |
| **How We Can Contact You** |  |
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| Please tell us a phone number or number(s) where we can contact you. |
|  |
| Landline  | Mobile |
|  |  |

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| Have you ever been a resident with or been supported by Adullam before? ⬜ Yes ⬜ No |  |
|  |  |
| If you have worked with or lived with Adullam before, please tell us about this below. |  |
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 | ★Please give us dates where possible. |

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| Section 2 – How Can We Help You? |  |
| **Where You Need Help or Support** |  |
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| Please tick the areas you (or your partner) feel you need help or support in. |
|  |
| ⬜ | Claiming benefits | ⬜ | Finding employment |
| ⬜ | Paying rent or bills | ⬜ | Mental Health  |
| ⬜ | Managing your money | ⬜ | Physical health or disability |
| ⬜ | Problems with debt or rent arrears | ⬜ | Learning difficulties |
| ⬜ | Household tasks & life skills | ⬜ | Offending history |
| ⬜ | Personal hygiene / presentation | ⬜ | Parenting |
| ⬜ | Education or training | ⬜ | Relationships with family or friends |
| ⬜ | Harassment or domestic violence | ⬜ | Feeling isolated or alone |
| ⬜ | Problems with neighbours | ⬜ | Alcohol abuse |
| ⬜ | Leisure activities or hobbies | ⬜ | Drug or alcohol addiction |
| ⬜ | Cultural or religious needs | ⬜ | Other (please tell us below) |
| ⬜ | Finding secure accommodation |  |  |

 | ★Please be as open as you can about the areas you need help in. This helps us to build a picture of your needs so we can support you better. |
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| Please tell us about any other professionals or agencies who are currently working with you. |  |
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| --- | --- | --- | --- | --- |
| Your Support need | Agency working with you | Support worker’s name | Their Address | Their Phone Number |
|  |  |  |  |  |
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 | ★Please provide as much information as you can in this section. We may need to contact other people working with you for background information.★Examples of people you might include here are social workers, psychologists, drug and alcohol workers, youth offending teams or advocates. |
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| Please write any additional information about your support needs here. For example, list any current medication etc. Any issues, not diagnosed, or if you have been referred to a team please add this here too. |

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| Section 3 – Background Information |  |
| **Criminal Record** |  |
|  |  |
| Please tell us about any criminal offences or sentences you have had, including those considered spent.  |  |
|  | ★Please tell us in the spaces to the left whether or not the sentence has been spent by including the word ‘spent’ next to the offence.★Under the Rehabilitation of Offenders Act, any previous convictions will not necessarily affect whether or not we are able to offer you a place. |
|

|  |  |  |
| --- | --- | --- |
| Offence | Date | Sentence |
|  |  |  |
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Please tick the boxes of your preferred Adullam locations

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Handsworth | Hockley | Erdington | Nechells | Yardley | Stechford | Kitts Green |
| Sheldon | Tipton | Oldbury | Small Heath/ Sparkbrook | West Brom | Moseley | Kings Heath |

The more boxes you tick, the more likely it is that we can off you accommodation

|  |  |
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| Section 4 – Declarations |  |
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| If you are being referred by an agency or professional that is supporting you, is it ok to let them know the outcome of your application? ⬜ Yes, you can let them know. ⬜ No do not tell them |  |
|  |  |
| By signing this form I agree to the following.I confirm that the information I have given is true and correct and that I have not knowingly withheld any information which may affect my application. I understand that Adullam reserves the right to take action for possession of any accommodation or removal of any support if it has been gained by giving false information.

|  |
| --- |
| Please sign here. |
|  |
| Signature | Date |
|  |  |

 | ★Please make sure you have completed all sections of the application form as fully as possible before you sign this form. |
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| Section 6 – Equal Opportunities Monitoring – Main Applicant |  |
| E-D_BigAdullam is committed to Equality & Diversity. The answers to these questions are used for our monitoring purposes only and to ensure we are offering the right service to all our residents. You do not have to give us this information unless you are happy to do so. This section will be removed before your application is processed so you may have already answered these questions elsewhere. If you are applying on behalf of more than one person, please complete one of these forms for each applicant.Please tell us your gender.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬜  | Male | ⬜ | Female | ⬜ | Rather Not Say |

Do you identify with the gender you were assigned at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬜  | Yes | ⬜ | No | ⬜ | Rather Not Say |

Please tell us about your ethnic origin.

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜  | White British | ⬜ | Asian or Asian British Pakistani |
| ⬜  | White Irish | ⬜ | Asian or Asian British Bangladeshi |
| ⬜  | White European | ⬜ | Asian or Asian British Indian |
| ⬜ | Irish Traveller | ⬜ | Asian or Asian British Other |
| ⬜ | Romany Gypsy |  |  |
|  |  |  |  |
| ⬜ | Black or Black British African | ⬜ | Mixed White & Black Caribbean |
| ⬜ | Black or Black British Caribbean | ⬜ | Mixed White & Black African |
| ⬜ | Black or Black British Other | ⬜ | Mixed White & Asian |
|  |  | ⬜ | Mixed Other |
|  |  |  |  |
| ⬜ | Chinese British | ⬜ | Rather not say |
| ⬜ | Other ethnic group not listed |  |  |

Do you consider yourself to have a disability? Please tick all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜  | Yes – Physical Disability | ⬜ | Yes – Multiple Disabilities |
| ⬜ | Yes – Learning Disability | ⬜ | No Disability |
| ⬜ | Yes – Mental Health Issues | ⬜ | Rather Not Say |
| ⬜ | Yes - Sensory Impairment |  |  |

Do you consider yourself to follow a particular religion or belief? If so, how would you describe this?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜  | Christian (any denomination) | ⬜ | Muslim |
| ⬜ | Hindu | ⬜ | Sikh |
| ⬜ | Jewish | ⬜ | Buddhist |
| ⬜ | No Religion or Belief | ⬜ | Rather Not Say |
| ⬜ | Other (please tell us below) |  |  |

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How would you describe your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜  | Heterosexual / Straight | ⬜ | Gay |
| ⬜ | Lesbian | ⬜ | Bisexual |
| ⬜ | Questioning / Other | ⬜ | Rather not say |

Please tell us your age.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⬜  | 16-19 | ⬜ | 20-29 | ⬜ | 30-44 |
| ⬜ | 45-59 | ⬜ | 60-64 | ⬜ | 65+ |
| ⬜ | Rather not say |  |  |  |  |

 | ★Your answers here will not affect whether or not we are able to offer you accommodation and/or support.★Any information given is treated with the strictest confidence.★A disability is defined under the Disability Discrimination Act as **“A physical or mental impairment which has substantial and long term, adverse affect on a person’s ability to carry out normal, day to day activities.”** |

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| Comments on Interview (Office use only) |  |
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| --- |
| Date and time of interview: |
| Support needs |
|  |
| medication |
|  |
| Previous addresses |
|  |
| Current benefits |
|  |
| ID |
|  |
| nok |
|  |
| Which areas? |
|  |
| What would they like us to help with? |
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| Section 5 – Application Logging (for office use only) |  |
|  |  |
| This section is for Office Use only and helps us process your application more efficiently. Please do not write anything in this part of the form. |  |
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| --- | --- |
| Application Received On: |  |
| Application Taken By: |  |
| Agency Referral Details Received? | ⬜ |
| Supplemental Information Received? | ⬜ |
| Application Logged On: |  |
| Interview Arranged For: |  |
| Applicant(s) Accepted? | ⬜ Yes ⬜ No |
| Equal Ops. Information Logged On: |  |

 |  |

This document was last revised on 12/05/2008.