



Housing & Reintegration Support Providers

HOUSING APPLICATION FORM

SECTION 1 – REFERRER DETAILS

Name of Agency :

Name of Referrer:

Tel No and Ext: Email:

Mobile Number: Fax:.....

Address :

..... Post Code:.....

Relationship to client (e.g. housing advisor)

How long have you known the client?

SECTION 2 – CLIENT DETAILS

Title: Surname: Forename:.....

Gender: MALE / FEMALE

Date of Birth:..... Age:..... NINO:.....

Current / last known address:.....

..... Post Code:.....

Telephone Number:.....

DEPENDENTS:

NAME	DOB	AGE	GENDER	RELATIONSHIP

Current Housing / Accommodation Situation (please underline one option):

Sleeping Rough / Street

Temporary with Family & Friends

Threatened with homelessness (e.g. told to leave home / notice to leave from landlord)

Other (please submit details below)

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Important Contacts Information

Next of Kin / Emergency. Name:..... Tel no:.....

Address:.....

GP Name: Tel No:.....

Address:.....

Social Worker Name: Which Team?

Address:.....

Telephone:.....

Reason for social worker:.....

Address:..... Telephone No:.....

Are you in receipt of benefits, if so which one and how much do you receive?

If you have recently been granted status and have not applied for benefits please leave this blank.

Income Support	JSA	Child Benefit	Child Tax Credit
£	£	£	£
Housing Benefit	Council Tax Benefit	DLA	Pension
£	£	£	£

DISCLAIMER & DECLARATION :

Housing History, Risk assessments and additional support requirements will be assessed by us at the next stage. We may be required to share this information with external support agencies; these agencies may include, DWP, Social Services, Mental Health Services the list is not exhaustive and we may also be required to consult with other agencies, in order to provide the client with the necessary appropriate services, The exchange of this information will be on-going to enable Stride Partnership to continue to provide the service to meet the needs of the client. At times we may also use the information for service planning, monitoring service and research.

Client Signature:..... Date:.....