# Parent and Child Accommodation - Referral Form



## How we use your information

Your personal details supplied on this form may be held and computerised by YMCA Trinity Group, and may need to be shared with other agencies, such as those you have listed and the local authorities so that YMCA Accommodation staff will be able to affectively assess your application.

All information will be treated as confidential and shared only with those who need it. Your personal details will be stored according to data protection legislation and will not be passed on to any other individuals or organisations for any other purposes.

## Personal details

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Surname** |  |
| Any other names known as |  |
| **Date of birth** |  | Age |  |
| **National Insurance number** |  |

## Your contact details

|  |  |
| --- | --- |
| **Your telephone number** |  |
| Secondary contact number |  |
| **Email address** |  |

## Your addresses

|  |
| --- |
| **What is your current address?** |
|  |
| Postcode |  |
| **What is your reason for homelessness? For example eviction, parental, rent arrears, ASN** |
|  |
| If you were evicted, please explain why |
|  |
| **Please list your previous accommodation for the past 5 years** |
| Date | Address |
|  |  |
|  |  |
|  |  |
|  |  |

## Your background

|  |  |
| --- | --- |
| **Ethnic origin** |  |
| **First language**  |  |
| **Do you require an interpreter?** | Yes | No |
| **Are you a care leaver?** | Yes | No |
| **Do you have a social worker?** | Yes | No |
| If yes, please provide contact details |  |
| **Are you working with any other agencies?** | Yes | No |
| Please provide names of the agencies |  |
|  |
|  |

## Financial information

|  |
| --- |
| **What is your income? Tick all that apply** |
| * Receiving benefits
 | Yes | No |
| * + UC (Universal Credit)
 | Yes | No |
| * Working
 | Yes | No |
| * No income
 | Yes | No |
| **Do you have any rent arrears?** | Yes | No |
| If yes, please provide details regarding who the arrears are with and how much |
|  |

## Risk assessment

|  |  |  |
| --- | --- | --- |
| **Are you pregnant?** | Yes | No |
| If yes, what is the due date |  |
| **Are you a single parent?** | Yes | No |
| If you intend on a child being accommodated with you, please add their details | Name of Child |  |
| Date of Birth |  |
| Child’s age |  |
| Any details about your child we should be aware of? |  |
| **Do you have any mental health issues - past or present?** | Yes | No |
| Please give details |  |
| **Do you have a physical disability?**  | Yes | No |
| Please give details |  |
| **Do you have any medical issues or concerns we should be aware of?** | Yes | No |
| Please give details |  |
| **Are you taking any medication?** | Yes | No |
| If yes, please list |  |
| **Do you have a learning disability?** | Yes | No |
| Please give details |  |
| **Do you feel you have a problem with alcohol?** | Yes | No |
| Please give details |  |
| **Do you use drugs?** | Yes | No |
| Please give details |  |
| Would you be willing to engage with a treatment package if required? | Yes | No |
| **Have you ever intentionally harmed yourself?** | Yes | No |
| Please give details |  |
| **Have you ever made a suicide attempt?** | Yes | No |
| Please give details |  |
| **Do you have any problems managing your anger?**  | Yes | No |
| Please give details |  |
| **Have you had any convictions, cautions or outstanding charges?** | Yes | No |
| Please list any convictions or cautions you have received |  |
| **Do you have an offender manager?** | Yes | No |
| Please give contact details |  |

Signature of applicant

Date

**Please return the completed form to:** admin@ymcatrinity.org.uk or post to

YMCA Trinity Group Accommodation, 2 Wellington Street, Ipswich, Suffolk, IP1 2NU

