



## APPLICATION FORM

Community 4 is a free, independent service to its users. It is designed to help people secure and to maintain accommodation, by providing low to mid levels of support for multiple needs around accommodation and housing matters.

It is intended that our support will compliment other services and will **NOT** replace care packages provided by Health or Social Services.

Should you have any questions about this service please contact Community 4 at:-

[Insert Office details here](#)

Please send your completed form to the address above.

We will let you and the referring agency know when a Support Worker will arrange to meet with you to carry out an assessment of your needs.

**PLEASE TEAR OFF THIS SHEET FOR YOU TO  
KEEP AS A RECORD OF OUR CONTACT DETAILS**

<b>For office use only</b>	Date received:	Priority:
Date allocated to SW:	App. Type: Self / 3rd Party / DI / RR	

## APPLICATION FORM - PART ONE

Part one of this application form is designed to be completed by or with the applicant. All sections must be completed in full. Incomplete applications will be returned to the referrer.



<b>Full Name/s:</b>		
Address or c/o:	Date/s of Birth:	Age/s:
	Tel. Number/s or other contact number:	
Postcode:		

Are you: Male  Female  ( Please tick)

Marital Status: Single / Married / Separated / Divorced / Cohabiting (Please delete)

Dependents Name:	Gender	DOB	Dependents Name:	Gender	DOB

If you need someone else to be with you during meetings, please give their details.

Name:

Relationship to you:

**Accommodation details:** Owner Occupier/Renting/Homeless/Other (please delete)

**Details of landlord or mortgage provider:**

<b>Please provide details of the following:</b>	
Are you at risk of losing your home? If yes, please give details of eviction, notice expiry or date you have to leave your home:	YES / NO
Have you recently moved or are you moving & need support to set up home? If so please give moving date:	YES / NO
Are you or any member of your household at immediate risk of harm due to your accommodation and or who you live with? If so please give details:	YES / NO
Do you have housing benefit &/or Council Tax benefit problems?	YES / NO
Do you have income, benefit &/or budgeting difficulties?	YES / NO
Are you experiencing neighbour problems or anti-social behaviour	YES / NO
Do you feel your accommodation is unsuitable?	YES / NO
Are you experiencing debt problems, including minor rent arrears (less than 8 weeks &/or council tax arrears, water, gas electric etc?	YES / NO

<b>Please tell us the details of any of the following people you are in contact with now or have been in the last year, using space left for "other" if necessary.</b>			
Relationship to you	Name	Contact Number	Permission to contact
GP/District Nurse			YES / NO
Health Visitor			YES / NO
Probation Officer			YES / NO
Psychiatrist/CPN			YES / NO
Social Worker			YES / NO
			YES / NO
			YES / NO

Please give details if there are any best days &/or times to contact you:	
Have you completed this form by yourself?	YES/NO
Do you need help with reading &/or writing?	YES/NO
Do you need help to understand English &/or an interpreter?	YES/NO

**Is there anything else you think we should know about?**

**Confidentiality Statement:**

**Under the Data Protection Act 1998, the information about you on this form will remain confidential to C4 & will only be passed to third parties if required for legal or statutory purposes.**

Applicant Signature:

Date:

**Equal Opportunity Monitoring**

How would you describe your ethnic background? (Please Tick)

- a) **White**      British            Irish            Other
- b) **Mixed**      White & Black Caribbean            White & Black African
- White & Black Asian            Other
- c) **Asian or Asian British**      Indian            Pakistani            Bangladeshi
- Other
- d) **Black or Black British**      Caribbean            African            Other
- e) **Chinese or other ethnic group**      Chinese            Other
- f) **Gypsy, Romany, Irish Traveller**
- g) **Refused**

Do you consider yourself to be disabled? Please tick that which best describes your disability:

- a) **Mobility**
- b) **Visual impairment**
- c) **Hearing impairment**
- d) **Progressive disability/chronic illness**
- e) **Mental Health**
- f) **Learning disability**
- g) **Other**
- h) **Refused**

What do you consider to be your religion? Please tick that which best describes your belief system:

- a) **None**            f) **Muslim**
- b) **Christian (all denominations)**            g) **Sikh**
- c) **Buddhist**            h) **Any other religion**
- d) **Hindu**            i) **Unknown**
- e) **Jewish**            j) **Refused**

**PART TWO - to be completed by referrer, with the knowledge & consent of the applicant**

**Please also complete attached Risk Assessment form or provide a current risk assessment from you organisation and enclose with the application.**

Name of referrer:

Referral agency:

Address:

Postcode:

Contact Number/s:

Nature of involvement with applicant:

What are your reasons for referral? Please give as much detail as possible.

Are you aware of any other agencies involved with the applicant? Please give details:

I confirm that I have discussed this application for housing support, from Community 4, with the applicant & I have their consent to apply on their behalf.

Referrer Signature:

Date:

# INITIAL RISK ASSESSMENT



**Applicant name:**

**RISK HISTORY:**

- Violence
- Suicide attempts
- Self harm
- Self neglect
- Arson
- Sexual offences
- Incidents involving the police
- Mental health difficulties
- Recently left prison
- Recently left hospital
- Recently left military
- Abandonment
- OTHER please state

**RISK BEHAVIOUR:**

- Accidental harm
- Alcohol use
- Drug use
- Overdose
- Non compliance with medication
- Self neglect
- Inappropriate sexual behaviour
- Violence towards workers
- Violence towards others
- OTHER please state
- OTHER please state

**Are there any concerns to indicate immediate risk to self or others? Please give details.**

Action to be taken regarding this:

**Are there any concerns about potential risks? Please give details.**

Action to be taken regarding this:

**Is there information lacking or any other reason why this cannot be completed?**

Action to be taken regarding this:

Referrer sig:

Date: