

Needs Assessment and Application for Supported Accommodation

Doncaster YMCA, 31 Wood Street, Doncaster, DN1 3LH (01302) 342148

Registered Charity Number 250973 Registered Housing Association Number H3639

YMCA Use Only

|  |  |  |
| --- | --- | --- |
| YMCA Application Number | Application Received | Interview Date |
|  |  |  |

The YMCA provides supported accommodation for young single people between 16 and 30 years. If you would like to apply, please fill this form out clearly. If you find this form difficult to understand, please speak to a member of staff.

Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First Name(s) |  | Surname |  | Telephone Number |
|  |  |  |  |  |  |
| Date of Birth | | National Insurance Number | | Marital Status Single/Married/Other | |
|  | |  | |  | |

|  |  |
| --- | --- |
| Name of the person completing the form if different from above |  |
| Referral agency if relevant |  |

|  |
| --- |
| How should we contact you to discuss your application? Please give us a telephone number or address where we can get in touch; this information is very important for us to be able to deal with your application quickly. |
|  |

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| --- | --- | --- | --- | --- |
| Please give details of the accommodation you have had in the last three years | | | | |
| Address | From | To | Type of Accommodation | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

In emergencies, we may need to contact your next of kin. Please supply us with their details below.

|  |  |
| --- | --- |
| Name | Relationship  (Parent, Aunt, Brother etc) |
| Address      Postcode | Telephone Number |

Please provide details of any professionals who you’ve had support from now or in the past

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker |  | Name | Address | Telephone Number |
| Probation Officer | Yes/No |  |  |  |
| Youth Offending Officer | Yes/No |  |  |  |
| Social Worker | Yes/No |  |  |  |
| Keyworker/Case Worker | Yes/No |  |  |  |
| Support Worker | Yes/No |  |  |  |
| Teacher or Tutor | Yes/No |  |  |  |
| Advocacy Worker | Yes/No |  |  |  |
| CPN | Yes/No |  |  |  |
| Counsellor | Yes/No |  |  |  |
| Connexions Advisor | Yes/No |  |  |  |
| Jobcentre Advisor | Yes/No |  |  |  |
| Other | Yes/No |  |  |  |

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| --- | --- |
| Have you lived at Doncaster YMCA before? | If you’ve lived at another YMCA before, please say where. |
|  |  |

Please give a brief summary of your support needs and why you are applying for Supported Accommodation.

Support Needs : Economic Well Being

Are you currently receiving any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Active Claim | Claim Stopped / Refused | Amount |
| Housing Benefit | Yes / No | Yes / No | £ |
| Incapacity Benefit | Yes / No | Yes / No | £ |
| JSA (Contribution based) | Yes / No | Yes / No | £ |
| JSA (Income Based) | Yes / No | Yes / No | £ |
| Any other income |  |  | £ |

Do you have any debts?

|  |  |  |
| --- | --- | --- |
|  | Company | Amount |
| Telephone / Mobile |  | £ |
| Rent |  | £ |
| Crisis Loan |  | £ |
| CSA |  | £ |
| Other |  |  |

Do you have any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Experience of Paid Work | Yes / No | Experience of Voluntary Work | Yes / No |
| An NVQ Level 1 | Yes / No | An NVQ Level 2 or higher | Yes / No |
| Another qualification | Please say what this is | Support with finding  Employment | Please say who from |

|  |  |
| --- | --- |
| Do you have any difficulties with reading? | Yes / No |
| Do you have any difficulties with writing? | Yes / No |

Support Needs : Enjoy and Achieve

Do you take part in any hobbies, activities or faith events?

What sort of things would you like to take part in during your spare time?

Do you need any support to keep in touch with family or friends?

Support Needs : Be Healthy

Have you ever used any of the following drugs? Please mark all that apply

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Use Currently | | | Used within the past 6 months | | | Used 6 months to a year ago | | | Used over a year ago | |
| Cannabis |  | | |  | | |  | | |  | |
| Heroin |  | | |  | | |  | | |  | |
| Ecstasy |  | | |  | | |  | | |  | |
| Cocaine |  | | |  | | |  | | |  | |
| LSD |  | | |  | | |  | | |  | |
| Ketamine |  | | |  | | |  | | |  | |
| Magic Mushrooms |  | | |  | | |  | | |  | |
| Solvents |  | | |  | | |  | | |  | |
| Speed |  | | |  | | |  | | |  | |
| Methadone |  | | |  | | |  | | |  | |
| Blockers/Detox |  | | |  | | |  | | |  | |
| Legal Highs |  | | |  | | |  | | |  | |
| Other |  | | |  | | |  | | |  | |
| How much do you spend on drugs weekly? | | | | |  | | |  | | | |
| £0 | |  | £0-£10 | |  | £10-£20 | |  | £20+ | |  |

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| --- | --- |
| Do you want to stop using drugs? | Yes / No |
| Are you currently receiving support to stop using drugs? | Yes / No |
| If yes, who are you receiving support from? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How many units of alcohol do you drink each week (on average)? | | |  |
| 0 to 5 Units | 5 to 15 Units | 15 to 25 Units | 25+ Units |

|  |  |
| --- | --- |
| Are you currently receiving support with reducing drinking? | Yes / No |
| If yes, who are you receiving support from? |  |

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| --- | --- |
| Are you registered with a doctor? | Yes / No |
| Are you registered with a dentist? | Yes / No |
| Are you pregnant? | Yes / No |
| Do you smoke? | Yes / No |

|  |  |
| --- | --- |
| Do you have any known allergies? | Yes / No |
| Do you have any learning difficulties? | Yes / No |
| Do you have any other health concerns? | Yes / No |
| If you’ve answered ‘Yes’ to any of the points in this block, have these been diagnosed by a medical professional? | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you suffer from any mental health problems? | |  | |  |
| Depression | Yes / No | Self Harm | | Yes / No |
| Trouble Sleeping | Yes / No | Schizophrenia | | Yes / No |
| Anxiety/Panic attacks | Yes / No | Other | |  |
| Have you ever been referred to a CPN (Community Psychiatric Nurse) or a Mental Health Nurse? | | | Yes / No | |

Support Needs : Stay Safe

|  |  |  |
| --- | --- | --- |
|  |  | Please use this column to give details |
| Do you currently have a Probation / Youth Offending order? | Yes / No |  |
| Are you currently paying court fines? | Yes / No |  |
| Are you expecting to be in court at any time in the future for an offence already committed? | Yes / No |  |

|  |  |
| --- | --- |
| Do you ever have problems controlling your temper? | Yes / No |
| Do you have any issues with bullying from others? | Yes / No |

Are there any other areas where you have support needs?

Is there anything else that you would like to add to your application?

Please provide the name and contact details for at least two people who are able to provide a reference for you. At least one of these must be from someone you know in a professional capacity. This could be a landlord, employer, Social Services, Probation Officer or any other appropriate professionals that you have had recent contact with.

|  |  |
| --- | --- |
| Professional Reference One | Professional Reference Two |
| Name        Address            Telephone Number      How does this person know you? | Name        Address            Telephone Number      How does this person know you? |

|  |  |
| --- | --- |
| Professional Reference Three | Personal Reference |
| Name        Address            Telephone Number      How does this person know you? | Name        Address            Telephone Number      How does this person know you? |

For monitoring purposes only, please mark one box that best describes your Ethnic origin.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Black or Black British |  | White |  | Roma or Traveller |  |
| Caribbean |  | White British |  | Roma |  |
| African |  | White Irish |  | Irish Traveller |  |
| Other |  | Other |  | Other |  |
| Asian or Asian British |  | Dual Heritage |  | Chinese |  |
| Indian |  | Black Caribbean & White |  | Other (please state) | |
| Pakistani |  | Black African and White |  |
| Bangladeshi |  | Asian and White |  |
| Other |  | Other |  |

For monitoring purposes only, please mark the box which best describes your nationality.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UK National resident in the UK |  | UK National returning from residence overseas |  | Czech Republic |  |
| Estonia |  | Hungary |  | Latvia |  |
| Lithuania |  | Poland |  | Slovakia |  |
| Slovenia |  | Other EEA Country |  | Other country (please specify below) | |
|  |  | |  |

Please mark which of the following best describes your current accommodation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Council Accommodation |  | Prison/YOI |  | Housing Association Accommodation |  |
| Bail Hostel |  | Bed and Breakfast |  | Night Shelter |  |
| Privately Rented Property |  | Supported Accommodation |  | Staff Accommodation |  |
| Hostel |  | NASS Accommodation |  | Mobile Home/Caravan |  |
| Living with Family |  | Women’s Refuge |  | Living with Friends |  |
| Children’s Home/Foster Care |  | Rough Sleeping |  | Foyer |  |
| Hospital |  | Other (please state) |  | | |

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| --- | --- | --- |
| Do you consider yourself to have a disability? | Are you registered disabled? | Do you require accommodation for use by wheelchairs? |
|  |  |  |

What is the main reason for leaving your last accommodation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To move to independent accommodation |  | To move to supported accommodation |  | To move nearer to work |  |
| To move nearer to friends/family/college |  | Can’t afford rent or mortgage |  | Accommodation in poor condition |  |
| Accommodation unsuitable due to illness/disability |  | Accommodation overcrowded |  | Problems with neighbours |  |
| Racial Harassment |  | Non Violent relationship breakdown (with partner) |  | Domestic violence |  |
| Eviction or repossession |  | End of assured short hold tenancy |  | Left home country as a refugee |  |
| Discharged from  prison/hospital or other long stay institution |  | Non violent relationship breakdown (with family) |  | Asked to leave by family or friends |  |
| Harassment other |  | Financial Difficulties |  | Other (Please state) |  |
|  |  | |  |

What is your current employment status? Please mark all that apply below.

|  |  |  |  |
| --- | --- | --- | --- |
| Full time work (30 hours or more per week) |  | Part time work (Less than 30 hours per week) |  |
| Government training/New Deal |  | Job Seeker’s Allowance |  |
| Not Seeking Work |  | Full time student |  |
| Unable to work due to long term sickness or disability |  | Other (please specify) |  |

|  |  |  |
| --- | --- | --- |
| What is your fortnightly income? | How much rent do you pay? | Do you have any savings or own any property? |
|  |  |  |

How did you find out about supported accommodation at Doncaster YMCA? Please mark one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| Doncaster Council Homeless Section |  | Police/Probation/Prison |  |
| Social Service |  | Youth Offending Team |  |
| Community Mental Health Team |  | Health Service |  |
| Voluntary Agency or a Charity |  | Friends/Family |  |
| Hostel |  | Other (please specify) |  |

Declaration

All of the information provided on this form is true and complete. I will tell Doncaster YMCA straight away if there are any changes. I understand that any false information I give can affect my application.

I understand that the information given as part of this application, and information provided or disclosed by myself or others later, will be stored by Doncaster YMCA whether or not my application is accepted.

If I am offered a supported accommodation place, I understand that information about my support needs and progress, rent, finances, and matters related to the accommodation will be stored by Doncaster YMCA and that data relating to my support provision may be provided to Doncaster YMCA’s funders.

I understand that this is an application to take part in a programme of structured support, and I am willing to take part fully in that support, including attending a weekly keywork session and working towards agreed goals.

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

When you have completed this form, please return it to:

Supported Accommodation Applications

Doncaster YMCA

31 Wood Street

Doncaster

DN1 3LH

Our application process takes around four weeks to complete.

Our first step is to find references for you. We will then invite you for an interview and discussion about the support service.

After your interview, we will contact you to let you know whether you’ve been placed on our waiting list.

You can contact us during office hours to check how your application is coming along.

If you feel that we have not handled your application fairly and properly, please write to

Appeals, Doncaster YMCA, Wood Street, Doncaster, DN1 3LH

|  |  |
| --- | --- |
| Client Name |  |
| Date of Birth |  |
| Current Address |  |

This sheet is an essential part of your application.

In order to assess your need for Supported Accommodation, and for us to monitor your progress once you move on from the YMCA, we will need to request information from professionals who know you well, your past, present and future landlord(s) and anyone else who may be able to advise on your support needs.

We therefore need you to complete the two boxes above and sign the declaration below.

Consent for References and Move-On Information

I, the above named person, have applied for Supported Accommodation at Doncaster YMCA and have been asked to supply information about possible referees and other professionals who know me through their service.

I therefore give my consent for relevant information to be released to Doncaster YMCA, at their request, to enable them to complete a full background check.

I also understand that, for a period of up to one year after leaving Doncaster YMCA (which will be no later than three and a half years after the date of below), Doncaster YMCA may request information on my new accommodation and support provision, including personal information relevant to the monitoring of their services.

I therefore request that, should Doncaster YMCA request this information from future landlord(s), support provider(s) or other professional(s), that this is provided with them in order to evidence the service.

I appreciate your co-operation and would like to thank you in advance.

Signed .................................................................

Date ....................................................................