



**Needs Assessment and Application for Supported Accommodation**  
**YMCA Doncaster, 31 Wood Street, Doncaster, DN1 3LH (01302) 342148**  
Registered Charity Number 250973 Registered Social Landlord H3639

**YMCA Use Only**

<b>YMCA Application Number</b>	<b>Application Received</b>

The YMCA provides supported accommodation for young single people between 16 and 30 years old. 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**

<b>Title</b>	<b>First Name(s)</b>	<b>Surname</b>	<b>Telephone Number</b>
<b>Date of Birth</b>		<b>National Insurance Number</b>	
<b>Gender Identity</b>		<b>Sexual Orientation</b>	
<b>Email Address</b>			

<b>Name of the person completing the form if different from above</b>	
<b>Referral agency if relevant</b>	

<b>Current Address</b>	<b>Landlord Details</b>
<b>Postcode</b>	

<b>Please give details of the last three places you have lived</b>				
<b>Address</b>	<b>From</b>	<b>To</b>	<b>Type of Accommodation</b>	<b>Reason for leaving</b>

**Have you lived at YMCA Doncaster before?**

**What was your reason for leaving?**

**Please provide details of any professionals who you've had support from now or in the past. We will use the details below to obtain references to support your application.**

<b>Worker</b>		<b>Name</b>	<b>Organisation</b>	<b>Contact Details</b>	<b>Can we discuss your application with them</b>
Probation Officer	Y / N				Y / N
Youth Offending Officer	Y / N				Y / N
Social Worker	Y / N				Y / N
Keyworker/Case Worker	Y / N				Y / N
Support Worker	Y / N				Y / N
Teacher or Tutor	Y / N				Y / N
Advocacy Worker	Y / N				Y / N
CPN / Mental Health Worker	Y / N				Y / N
Counsellor	Y / N				Y / N
Other	Y / N				Y / N
Other	Y / N				Y / N

**Finances**

**What is your current income – for example, from benefits or employment?**

**How much do you receive?**

**Alcohol and Substance Misuse**

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

	<b>Never Used</b>	<b>Use Currently</b>	<b>Used within the past 6 months</b>	<b>Used over 6 months ago</b>
<b>Cannabis</b>				
<b>Heroin</b>				
<b>Cocaine (inc. Crack Cocaine)</b>				
<b>Methadone</b>				
<b>Blockers/Detox</b>				
<b>Legal Highs</b>				
<b>Other</b>				

**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?**

**Physical Health**

**Do you have:**

- Any physical health problem or illness, including allergies
- Mobility requirements
- Needs that require additional support, including learning difficulties

**Yes / No**

**Details:**

**Are you pregnant?**

**Yes / No**

**If yes, what is your due date?**

<b>Do you consider yourself to have a disability?</b>	<b>Are you registered disabled?</b>	<b>Do you require accommodation for use by wheelchairs?</b>

**Mental Health**

		<b>Please use this column to give details</b>
<b>Do you suffer from any mental health problems?</b>	Yes / No	

**Criminal Convictions**

		<b>Please use this column to give details</b>
<b>Do you currently have a Probation / Youth Offending order?</b>	Yes / No	
<b>Have you been convicted of a criminal offence or received a caution or ASBO?</b>	Yes / No	
<b>Have you ever been convicted of a sex offence or an offence of a sexual nature?</b>	Yes / No	
<b>Have you ever been convicted of arson?</b>	Yes / No	

**Would you like help with any of the following? Tick all that apply**

Mental Health	<input type="checkbox"/>	Anti-Social Behaviour	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	Moving On	<input type="checkbox"/>
Alcohol /Substance Misuse	<input type="checkbox"/>	Reading and Writing	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>
Reducing Offending / Re-Offending	<input type="checkbox"/>	Manging Finances	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Attending Appointments	<input type="checkbox"/>
Training	<input type="checkbox"/>	Independent Living Skills	<input type="checkbox"/>
Education	<input type="checkbox"/>	Finding Employment	<input type="checkbox"/>
Registering with a Doctor	<input type="checkbox"/>	Registering with a Dentist	<input type="checkbox"/>

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

## Declaration

All of the information provided on this form is true and complete. I will tell YMCA Doncaster 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 YMCA Doncaster 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 YMCA Doncaster and that data relating to my support provision may be provided to YMCA Doncaster'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.

Signature	Date

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

Accommodation Applications  
YMCA Doncaster  
31 Wood Street  
Doncaster  
DN1 3LH

Scanned copies can be sent via email to [stacey@ymcadoncaster.org.uk](mailto:stacey@ymcadoncaster.org.uk)

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. Please call 01302 342148.

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

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

<b>Client Name</b>	
<b>Date of Birth</b>	
<b>Current Address</b>	

**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 YMCA Doncaster 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 YMCA Doncaster, 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 YMCA Doncaster (which will be no later than three and a half years after the date of below), YMCA Doncaster 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 YMCA Doncaster 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 .....