



APPLICATION FORM

132-134 Albert Rd
Handsworth
Birmingham
B21 9JU

1 Lichfield Road
Aston
Birmingham
B6 5RW

34 Constance Road
Edgbaston
Birmingham
B5 7RB
Tel: (0121) 250 5207 Fax: (0121) 240 0579
E-mail: info@cliftonhp.com Web: www.cliftonhp.com

IMPORTANT - PLEASE READ

Prior to completing the application form attached, please read these notes to find out what the service user can expect from Clifton Housing, but more importantly, what the service user will be committing to.

- **ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN FULL BEFORE A REFERRAL CAN BE CONSIDERED.**
- All referrals must be made by through a professional body e.g. Mental Health Team, Doctor, Social Worker, CPN, Homeless Services etc.
- Clifton Housing provides supported accommodation for those between 18 and 65 years of age, that are homeless or in need of such housing.
- Service Users must be willing to follow an action plan, in the hope of leading towards a future of Independent living for each applicant.
- Service Users must be aware and understanding of other residents if they are to remain with Clifton Housing.

If you need further information or help in completing this application please call Clifton Housing on **(0121) 250 5207**.

FOR OFFICE USE ONLY

NAME : _____ ARRIVAL DATE : ___ / ___ /20___ DATE LEFT : ___ / ___ /20___

REFERRED BY : _____ ID SHOWN : _____

SENT TO: ALBERT ROAD / LICHFIELD ROAD / CONSTANCE ROAD ROOM NO : _____

Section 1 – APPLICANTS DETAILS

SURNAME: _____ FIRST NAMES: _____

LAST CONTACT ADDRESS: _____

_____ POST CODE: _____

DID YOU CLAIM YOUR BENEFITS AT THIS ADDRESS? YES NO

DATE OF BIRTH: / / (DD/MM/YEAR) AGE: _____

NATIONAL INSURANCE NO:

STATUS: MARRIED PARTNER SINGLE DIVORCED

OTHER: _____ No. OF CHILDREN:

ARE YOU A BRITISH CITIZEN? YES NO IF "NO" WHAT IS YOUR NATIONALITY: _____

MOBILE PHONE NUMBER:

Section 2 – EMERGENCY CONTACTS

PLEASE COMPLETE THIS SECTION LISTING YOUR NEXT OF KIN AND DETAILS FOR ANY ORGANISATIONS THAT YOU ARE PRESENTLY SUPPORTED BY (E.G. SOCIAL WORKER, CPN, MENTAL HEALTH TEAMS, HOME TREATMENT HOUSING ADVISOR ETC.)

<u>NEXT OF KIN</u>	<u>SUPPORT TEAM A</u>	<u>SUPPORT TEAM B</u>
NAME: _____	NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____ _____	ADDRESS: _____ _____	ADDRESS: _____ _____
_____ POST CODE: _____	_____ POST CODE: _____	_____ POST CODE: _____
TELE NO: _____	TELE NO: _____	TELE NO: _____

Section 3 - BENEFIT STATUS

ARE YOU GETTING ANY BENEFITS OR ALLOWANCES OR WAITING TO HEAR ABOUT BENEFITS OR ALLOWANCES YOU HAVE CLAIMED FOR? YES NO

PLEASE COMPLETE THE FOLLOWING TO SHOW WHICH BENEFITS YOU ARE CURRENTLY RECEIVING OR HAVE APPLIED FOR. PLEASE ENSURE DATES AND AMOUNTS ARE COMPLETED.

NAME OF BENEFIT

ARE YOU: GETTING IT NOW WAITING TO HEAR

DATE FIRST PAID

HOW MUCH?

HOW OFTEN?

HOW IS IT PAID(BANK CHEQUE OR CASH)

NAME OF BENEFIT

ARE YOU: GETTING IT NOW WAITING TO HEAR

DATE FIRST PAID

HOW MUCH?

HOW OFTEN?

HOW IS IT PAID(BANK CHEQUE OR CASH)

Section 4 - HEALTH AND MEDICINE

ARE YOU REGISTERED WITH A DOCTOR? YES NO

IF "YES" PLEASE GIVE DETAILS: _____

ARE YOU ON ANY MEDICATION AT PRESENT? YES NO

IF "YES" PLEASE GIVE DETAILS: _____

ARE YOU ON A MENTAL HEALTH SECTION? YES NO

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF? YES NO

IF "YES" PLEASE GIVE DETAILS: _____

Section 5 – DRUG AND ALCOHOL USE

PLEASE COMPLETE THE TABLE BELOW TO ASSIST US TO SUPPORT YOU DURING YOUR STAY

	Never Used	Currently Used	Previously Used	Date Last Used
PRESCRIPTION DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
ALCOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
CANNABIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
HEROIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
OTHER DRUGS PLEASE SPECIFY _____				____/____/____

Section 6 – CRIMINAL CONVICTIONS

PLEASE LIST BELOW ALL PREVIOUS CRIMINAL CONVICTIONS, CHARGES PENDING OR COURT APPEARANCES DUE.

<u>DATE</u>	<u>OFFENCES CHARGED WITH</u>	<u>SENTENCE RECIEVED</u>

Section 7 – PREVIOUS ACCOMMODATION

PLEASE LIST BELOW WHERE YOU HAVE BEEN LIVING DURING THE PAST 5 YEARS, STARTING WITH YOUR MOST RECENT ADDRESS FIRST.

<u>ADDRESS</u>	<u>DATE FROM AND TO:</u>	<u>REASON FOR LEAVING</u>

Section 8 – SHARING INFORMATION

Do you agree to Clifton House contacting any of the above agencies for information to assist us in considering your application? YES NO

Do you agree to Clifton Housing acting on your behalf with Birmingham City Council to claim for, and deal with all issues relating to your housing benefit payments to cover the costs of rent during your stay? YES NO

Section 9 - DECLARATION

I declare that, to the best of my knowledge, the answers I have given to the questions on this form are true and accurate. I understand that any false information provided by me will render my application liable to disqualification. Action may be taken to recover tenancies obtained on the basis of false information.

I confirm that I have no objection to Clifton House taking steps to verify the information contained in the application, or seeking to obtain any further details, which may be considered relevant.

NB: This form must be signed by the applicant.

APPLICANTS NAME _____ **SIGNATURE:** _____

Section 10 – ETHNIC ORGIN

Clifton Housing Project aims to house those in need, regardless of their race, colour, national origin or culture. To enable us to monitor whether our policy is effective, please answer the following questions. Your response will not affect your housing application. You may choose not to respond.

Which of the following groups do you think you belong to?

Asian or Asian British Indian Pakistani Bangladeshi Any other Asian

Black or Black British Caribbean African Other

Chinese or other Chinese Vietnamese Thai

Mixed White and black Caribbean White and black African White and Asian

White British Irish European Any other background

Don't know Do not want to answer