## Tenancy Referral Form

Lancashire Mind offers Tenancy Support in a supported housing setting to those with low to moderate mental health needs. Please note that, to be suitable for such accommodation, all applicants must meet the following requirements:

* **Low level mental health** must be evidenced through medication AND letter from an appropriate health care professional or Probation service.
* **Moderate mental health** must be evidenced through a Care Plan under the Community Health Team, through a Risk Assessment under the Probation Service or an assessment from a Drug & Alcohol Service.

**Please complete as fully as possible. Failure to provide details which could affect a person’s ability to maintain a tenancy, could result in their tenancy being terminated**

|  |  |
| --- | --- |
| Date of Application: |  |
| Do you require any assistance with communication? E.g. Large print, an interpreter, information in another language etc. **If yes, please specify:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s name, including any aliases: |  | Name of Referrer: |  |
| Contact Number |  | Referrers details including agency address, job title and contact number: |  |
| Current address:c/o address, if NFA) |  |
| Last settled address including landlord details: |  |
| Date of Birth: |  | National Insurance No:  |  |

## Your Housing Situation

|  |  |
| --- | --- |
| Please provide details of your current housing situation. |  |
| Please give details of any current or past rent arrears or anti-social behaviour?  |  |
| Have you previously lived in Supported Housing? If so, please provide date and address. |  |
| Have you ever been Homeless/Rough Sleeping? If so, when? |  |
| Do you have any more information regarding your housing needs? |

|  |
| --- |
| Are you receiving or on the waiting list for support from any of the following agencies? |
| Social Services |  | Alcohol Services |  |
| Mental Health Team |  | Drug Services |  |
| Probation / YOT |  | Other (Please state) |  |

|  |
| --- |
| Please provide details of any current support services (i.e. professionals, support workers) or family members who support you: |
| Name:Agency: | Relationship/Nature of support: |
| Telephone: | Email: |
| Address: |
| Name:Agency: | Relationship/Nature of support: |
| Telephone: | Email: |
| Address: |
| Name:Agency: | Relationship/Nature of support: |
| Telephone: | Email: |
| Address: |
| Have you ever been a Tenant of Lancashire Mind, if so, please give date and property address? |  |

## Current Needs (this list is not exhaustive)

|  |  |
| --- | --- |
| **Category** | Please tick |
| **Achieve Economic Wellbeing**   |
| Money Management | *Assistance with benefits, debt, budgeting etc* |  |
| Employment  | *Accessing employment* |  |
| **Enjoy and Achieve** |
| Training/Education | *Help to access these?*  |  |
| Communication Issues | *Alternative formats? Large print, another language etc* |   |
| Cultural/Faith/Diversity Issues |  |  |
| Social/ Leisure/Relationships | *Access to social activities? Assistance to improve relationships with family, neighbours?* |  |
| Daily Living Skills | *Assistance with cooking, washing/ironing? Dealing with home repairs?* |  |
| **Be Healthy** |
| Health  | *Accessing doctors, support with health problems?* |  |
| Mental Health | *Accessing treatment? Managing mental health?* |  |
| Alcohol and Substance Misuse | *Accessing specialist support* |  |
| Learning Difficulties / Special Educational Needs  |  |  |
| **Stay Safe** |
| Housing  | *Help with setting up a home?* |  |
| Offending Behaviour/ASB Issues |  |  |
| Domestic Abuse |  |  |
| **Making A Positive Contribution and Other Needs** |
| Developing Confidence | *Building confidence, possible involvement with groups in which you voice your opinion – residents’ groups.* |  |
| Ability to have Greater Choice  |  |  |

## Why do you think you will benefit from supported housing with Lancashire Mind?

**Any property you may be offered with Lancashire Mind comes with support.**

Please provide details as to why you feel you need this support within your housing situation, particularly in relation to your mental health needs.

|  |
| --- |
| Answer: |

Economic Circumstances

|  |  |  |  |
| --- | --- | --- | --- |
| Working Full/Part Time (please state) |  | Claiming Job Seekers Allowance |  |
| No Income |  | Claiming Income Support/ESA. |  |
| DLA/PIP |  | Other |  |

## Risk Assessment

To help this process, yourself and the referring agency are required to complete the matrix below to indicate any known risks associated with this application. Please give details in boxes:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No Problem** | **Past Issue** | **Current Issue** |
| Violence & Aggression |  |  |  |
| Mental Health |  |  |  |
| Finance/Debt/Budgeting |  |  |  |
| Self-Harm |  |  |  |
| Self-neglect/Lack of personal care |  |  |  |
| Drug/Alcohol Misuse |  |  |  |
| Any other Addictions eg. Gambling |  |  |  |
| Sexual assault |  |  |  |
| Damage to property |  |  |  |
| Anti-Social behaviour |  |  |  |
| Non-engagement with Staff |  |  |  |
| Theft |  |  |  |
| Abuse by others – financial abuse |  |  |  |
| Non-compliance with Medication |  |  |  |
| Suicide |  |  |  |
| Arson |  |  |  |

## Other Information

|  |  |
| --- | --- |
| Current mental health diagnosis? |  |
| Have you ever been an inpatient on a Mental Health Unit? If so, please give more information and dates? |  |
| Please give a list of any medication you are currently taking? |  |
| Do you have a criminal record? This includes any pending matters. If so, please provide full details? |  |
| Do you have any further health needs? If so, give details |  |
| Emergency Contact/Next of Kin Details: |  |
| Name and Address of GP: |  |
| Do you have any dependants? |  |

## Privacy Statement:

This privacy statement sets out how and why we obtain, use and protect your personal information. Lancashire Mind are committed to protecting your personal information and being transparent about what we do with it. We are committed to using your personal information in accordance with all applicable laws concerning the protection of personal information and not to do anything with your information you wouldn't reasonably expect. We will never sell-on personal information and do not share it with any third parties, without your permission, except when required to do so by law.

**How and why we collect personal information about you at the referral stage**

At the referral stage, we will use information provided to us in order to assess the suitability of our service for you and to understand your needs.

The information that is used at application stage is the information provided to us: on the referral form; on other supplementary information forms if needed; during initial meetings with us; by telephone; in your electronic and written communications.

How we will use personal information if you become if you become a tenant of ours

We will use your personal information in relation to: support you; risk management; management of your tenancy or licence with us.

The information that we will use to support you as a tenant will be collected from: face-to-face meetings and interactions; telephone calls; electronic and written communications.

We will ask for your explicit consent to contact the following agencies on your behalf for further information should this be needed to support you with your tenancy needs:

the contact details of next of kin, relatives and other named contacts;

* details in relation to your tenancy support requirements;
* details in relation to your well-being and mental health through your GP;
* details of your contact and interactions with us in person, by telephone and in electronic and written communications;
* information provided by third parties in relation to complaints or anti-social behaviour that is relevant to your support, risk management or tenancy support;
* financial records about payments relating to the housing and services you receive from us, any outstanding amounts and associated recovery action; and
* information about any repairs and maintenance requirements you have during your tenancy/licence with us.

**Sensitive information**

To support you with your tenancy needs, we may collect information about you that is classed as special category data. This may include information about your racial or ethnic origin, religious or philosophical beliefs, health and disability or other sensitive data relevant to your individual neds and circumstances.

We only use this information to support you with your tenancy related needs, training, and quality monitoring or evaluating the services we provide. We will not pass on your details to anyone else without your permission, except in exceptional circumstances, for example, anyone reporting serious self-injury or posing a threat to others, or a criminal activity.

**How do we store your information?**

Your personal information and details of interactions are stored on a secure database. We keep personal information no longer than is necessary for the purposes of its use. We carry out periodic deletion of data when the retention period has expired or when the need to continue holding such data is no longer necessary.

**How to update or access your personal information**

* You may ask us at any time to correct or remove information that you think is inaccurate. You have a right to withdraw your consent at any time.
* You have the right to know what personal information Lancashire Mind holds about you.
* You can request a copy of your personal information that we hold by contacting us in writing to Data Controller, Lancashire Mind, 80-82 Devonshire Road, Chorley, PR7 2DR.

Lancashire Mind have a complaints procedure, you can ask for a copy by writing to us or emailing us admin@lancashiremind.org.uk

**Consent to collect sensitive data (special category data):**

|  |
| --- |
| I can confirm that I consent to Lancashire Mind collecting sensitive data, known as special category data, in order to deliver a personalised service to me and understand that this is confidential and will only be used anonymously, unless I consent otherwise. |
| **Applicant Name:** |  |
| **Applicant Signature:** |  |
| **Date:** |  |

**Declaration:**

I declare that the information given on this form is, to the best of my knowledge, true and accurate.

I understand that it is an offence to give false or misleading information.

|  |  |
| --- | --- |
| Applicant Name: |  |
| Applicant Signature: |  |
| Date: |  |

**Please return this referral form to Lancashire Mind either by mail, email or in person**

**Lancashire Mind, 80-82 Devonshire Road, Chorley, PR7 2DR**

**Email:** **admin@lancashiremind.org.uk**