**Supported Housing Referral Form** v. August 2025

My Space Housing Solutions provide supported housing to some of the most vulnerable people in society, supporting and enabling them to live independently.

**SECTION 1 – ELIGIBILITY**

It is the responsibility of the referring agency to ensure at the point of referral that the tenant is eligible for supported housing. Whilst My Space will undertake eligibility checks prior to the offer of a property, inaccuracies of information may cause delay or withdrawal from our waiting lists which can cause distress to those who have been referred into our service incorrectly.

My Space provides two types of supported accommodation:

**Temporary Supported Housing** provides an exempt accommodation support service to individuals who have been deemed by their Local Authority of requiring temporary supported housing to support them to develop skills which will enable them to move on to independent living.

**Specialised Supported Housing** is a specific type of supported housing defined in the Housing Rents (Exceptions and Miscellaneous Provisions Regulations 2016) and is specifically designed or adapted for people who require specialised services to enable them to live independently. Housing must be provided by a private registered provider, such as My Space, who aim to meet the needs of local authorities and their statutory obligations to house vulnerable adults. Care, Support or Supervision is usually provided by a Local Authority appointed Care Provider who are CQC registered.

Please be advised that where a prospective tenant does not meet these criteria, we are able to feedback to the referrer however, we will not be able to make an offer of housing with My Space Housing Solutions.

**Type of Accommodation required by the applicant:**

|  |  |
| --- | --- |
| Temporary Supported Housing |  |
| Specialised Supported Housing |  |

|  |  |  |
| --- | --- | --- |
| **Is there reasonable, suitable, alternative accommodation available other than completing this application to My Space for supported housing?** | Yes\* |  |
| No |  |

\* If there is reasonable, suitable alternative accommodation available, then unfortunately My Space will not be able to process this application any further at this time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Name** |  | **Job Role** |  |
| **Organisation** |  |
| **Email address** |  | **Tel No** |  |

**SECTION 2 – APPLICANT DETAILS**

\* Please note there may be a need to share relevant and proportionate details of your information with the Local Authority where we are working with them to ensure community safety.

This will be managed in line with our Privacy Notice, which is accessible on our website. \*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  | **Date of Birth** |  |
| **Gender** |  | **Contact Number** |  |
| **National Insurance Number** |  | **Nationality** |  |
| **Any previous names you have been known by?** |  | **Preferred Language** |  |
| **Current Address** |  | **Do you have any pets?** *If so, please give details* |  |
| **Is there any other person(s) that will be living with you in the property?**   | Yes |  | No |  | If yes, please give the details below. We will also need a separate referral form for anyone over 18 years old. |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Name(s)** | **Date of birth** | **Is this individual in employment?** | **Relationship to applicant** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you need help to understand and sign the tenancy agreement?**  *If yes, please include a copy of the best interest decision with the application.* | Yes |  | No |  |
| **Have you been referred to us for a specific building or scheme?***Please provide details* | Yes |  | No |  |
|  |
| **Do you have a care and support package currently in place?** *If yes, please give details of provider and support provided below.* | Yes |  | No |  |
|  |
| **Will any other care and support package be in situ once housing is provided?** *Please provide any details* | Yes |  | No |  |
|  |
| **Are there any accessibility requirements we need to consider when we invite you to a face-to-face assessment?**  | Yes |  | No |  |
|  |
| **Have you or your partner ever served in the Armed Forces?** *If yes, we may be able to signpost you to other organisations who can offer support.* | Yes |  | No |  |
|  |

|  |
| --- |
| **Please list all other relevant agencies involved in your care and support**  |
| **Name of agency** | **Contact name** | **Contact details** |
|  |  |  |
|  |  |  |

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| --- |
| **Address History – please list everywhere you have lived over the last five years, plus your reasons for leaving.**  |
| **Address** | **Dates at address** | **Landlords contact details** | **Reason for leaving** | **Rent Arrears Yes / No**Please give details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Any other information relevant to your application?** *E.g. reasons for gaps in address history* |
|  |

|  |
| --- |
| **Understanding your Support Needs**  |
| **Support Need** | **What Support is Required?**  | **Risks and Triggers** |
| **Housing** |  |  |
| **Finance** |  |  |
| **Mental Health** |  |  |
| **Physical Health and Wellbeing** |  |  |
| **Convictions and Offending** |  |  |
| **Substance Misuse** |  |  |
| **Keeping myself and others safe** |  |  |
| **How I spend my time** |  |  |

**SECTION 3 – ACCOMODATION REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of bedrooms required** |  | **Is a ground floor property needed?** |  |
| **Are there any accessibility requirements?** |  |

|  |  |
| --- | --- |
| **In which area do you want to live?***We cannot accept ‘anywhere’ as an area – stating this may mean you will have to re-complete the referral application. Please specify county / borough as per appendix i).* |  |
| **Any specific areas within city/town?** |   |
| **Are there any areas to avoid?** |   |

**SECTION 4 – ASSESSING RISK**

**As part of our application process, all completed referrals must be accompanied with the applicant’s latest risk assessment from the referrer’s service.** *If this cannot be provided, please attach details of risk on a separate sheet and submit with this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever committed, been cautioned, or convicted for arson?***\*This will not automatically prevent you from being offered a My Space property* | Yes\* |  | No |  |
|  |
| **Is a property in a male only / female only building required?** | Yes  |  | No |  |

**SECTION 5 – APPLICATION SUBMISSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant information has been completed in full** | Yes  |  | No |  |
| **Eligibility for supported housing has been determined by the referring service** | Yes |  | No |  |
| **Risk assessment information is provided** | Yes |  | No |  |

Please note, all information provided on this form must be accurate and true. Inaccurate or false information could result in the refusal of the referral. Additionally, if a tenancy is offered based on the information provided on this form, and it later comes to light that this information or documentation provided was false or mis-leading, then My Space will take action to terminate the tenancy.

By signing this form, you are agreeing for My Space Housing Solutions to contact relevant agencies that are currently working with you or have worked with you previously in relation to your application for housing.

Failure to complete this form could result in My Space Housing Solutions not being able to progress your housing application.

|  |  |
| --- | --- |
| **Referrer** | **Applicant**  |
| Signature: ………………………………………………………………Print name: ………………………………………………………………Date referral completed:......................................................................................Length of time working with person referred: | Signature: …………………………………………………………Print name: ………………………………………………………… |

**Please send the referral form completed in full with supporting documentation to**

By email to referrals@myspacehousing.org

Or by post to

Referrals, My Space Housing Solutions, Derwent Suite, Paragon Business Park, Chorley New Road, Horwich, Bolton, BL6 6HG

**Next Steps**

Once received, your referral will be added to our system and acknowledged. Once a suitable property that meets the needs outlined in this form, becomes available, we will be in touch with the referring agent to arrange a person-centred assessment and to progress the application for housing.

At that time, you must provide the following documents for Housing Benefit purposes, and to evidence the Right to Rent:

* Proof of benefit entitlement (e.g. latest benefits award letter or two months’ latest bank statements)
* National Insurance number (e.g. latest benefits award letter)
* Proof of identity (e.g. valid passport, birth certificate, latest benefits award letter)

Referral Appendix i)

**Boroughs My Space Housing Solutions operate within.**

|  |  |
| --- | --- |
| Barnsley Metropolitan Borough Council | Newcastle Upon Tyne |
| Bassetlaw District Council | North Lincolnshire Council |
| Blackpool Council | North East Lincolnshire Council |
| Bolsover District Council | North Tyneside Council |
| Bolton Metropolitan Borough Council | Oadby and Wigston District Council |
| Burnley Borough Council | Pendle Borough Council |
| Bury Metropolitan Borough Council | Ribble Valley Borough Council |
| Calderdale Metropolitan Borough Council | Rochdale Metropolitan Borough Council |
| Cheshire East Council | Rotherham Metropolitan Borough Council |
| Cheshire West and Chester Council | Salford City Council |
| Chorley Council | Scarborough |
| Cumberland Council | Sefton Metropolitan Borough Council |
| Doncaster | South Derbyshire District Council |
| Durham County Council | South Kesteven District Council |
| East Lindsey District Council | South Ribble Borough Council |
| East Riding of Yorkshire Council | St Helens Council |
| Fenland District Council | Stoke-on-Trent City Council |
| Gateshead Metropolitan Borough Council | Telford & Wrekin Council |
| Halton Borough Council | Trafford Metropolitan Borough Council |
| Hull City Council | Wakefield Metropolitan District Council |
| Hyndburn Borough Council | Warrington Borough Council |
| Kirklees Council | West Lancashire Borough Council |
| Lancaster City Council | Wigan Metropolitan Borough Council |
| Liverpool City Council | Wirral Council |
| Mansfield |  |

**Equal Opportunities Monitoring Form**

Completion of this form is voluntary.

The information supports our monitoring on diversity of applicants and has no bearing on the success of the application for housing.

|  |
| --- |
| **Gender** |
| Male |  | Female |  | Transgender |  | Non-binary |  |
| Gender fluid |  | Other please state: |  | Prefer not to say |  |
| **Ethnicity** |
| **White** |
| British |  | Welsh |  | Scottish |  | Northern Irish |  |
| Irish |  | Gypsy or Irish Traveller |  | Other white ethnic group please state |  |
| **Mixed or Multiple Ethnic groups** |
| White and Black Caribbean |  | White and Black African |  |
| White and Asian |  | Other mixed or multiple ethnic groups please state |  |
| **Asian or Asian British** |
| Indian |  | Pakistani |  | Bangladeshi |  | Chinese |  |
| Asian British |  | Other Asian ethnic group please state |  |  |
| **Black African, Caribbean, or Black British** |
| African |  | Caribbean |  | Other black ethnic group please state  |  |
| Black British |  |  |
| **Other Ethnic group** |
| Arab |  | Other please state |  | Prefer not to say |  |
| **Age** |
| 16 – 25 yrs |  | 26 – 35 yrs |  | 36 – 45 yrs |  | 46 – 55 yrs |  |
| 56 – 65 yrs |  | 66-75 yrs |  | 76+ yrs |  | Prefer not to say |  |