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

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. It must be provided by a private registered provider, such as My Space, who aims to meet the needs of local authorities and their statutory obligations to house vulnerable adults.

**Prospective tenant’s 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.\*

**Along with the fully completed referral form, to be able to consider the applicant for housing we will require your latest risk assessment/ care plan, or any additional information to accompany the referral.**

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Date of Referral:** | **Contact Number:** |
| **National Insurance Number:** | **Nationality:** |
| **Any previous names you have been known by:** | |

**Ethnicity**

White British  White Irish  Gypsy/Irish Traveller  Any other white background

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background

African  Caribbean  Any other Black or African Caribbean background

Arab  White & Black Caribbean  White & Black African

White & Asian  Any other mixed or multiple ethnic background  Prefer not to say

***Do you need help to understand and sign the referral form and the tenancy agreement?***

**Yes**  **No**

If yes, please include a copy of the best interest decision with the application.

**Referrer’s details**

|  |  |
| --- | --- |
| **Name:** | **Designation:** |
| **Organisation:** | **Email / Contact Number:** |

# **How did you hear about My Space Housing Solutions?**

Word of mouth

Marketing material

Google search / website

E shot

Other

Upon signing and returning this form, whilst this might not incur any fees or costs, this forms an effective contract for services, where the referring body and My Space will perform to, and adhere to minimum standards. These include but are not exhaustive:

* Build a relationship and rapport with prospective tenant/service user along with other key people, family, professionals, etc.
* My Space team will source the correct and appropriate property based upon assessed needs and then approval.
* Once all involved approve the final selection of property, My Space will procure the property and make it ready, including any required furnishings.

Have you been referred to us for a specific building or development?

Yes  (please specify) No

Do you have a care and support package? If yes, who is the provider?

Yes  (please specify) No

Will any other care and support be in situ once housing is provided? Please provide any further details which may be relevant.

**Are you an existing tenant of My Space that is requesting to move?**

Yes  (please fill in section 1 & 3 **only**) No  (please complete **all** sections)

**Exempt Accommodation Housing Benefit**

Exempt accommodation includes accommodation provided by a county council, housing association, registered charity or voluntary organisation where that body or person acting on their behalf provides the claimant with care, support or supervision. If you / the prospective tenant meet this criteria, please complete the form below.

**SECTION 1 – SERVICE USER INFORMATION**

**Are there any accessibility requirements we need to consider if we invite you to a face-to-face assessment?**

**(eg wheelchair user)**

|  |
| --- |
|  |

Have you ever served in Her Majesty’s Armed Forces as a Regular or Reservist or are you a spouse, partner or dependant of a member of HM Armed Forces? Yes  No

(If yes, we may be able to signpost you to other organisations who can offer support.)

**Please list all other relevant agencies involved in your care (please include contact name, tel number, and email address):**

|  |  |  |
| --- | --- | --- |
| **Name of agency** | **Contact name** | **Contact details** |
|  |  |  |

**SECTION 2 – ESTABLISHING NEEDS**

**Please outline the tenancy sustainment that the you / the prospective tenant will need to enable you / them to manage their tenancy successfully *(tick all that apply)***

Setting up/payment of bills  Budgeting

Reporting repairs/maintenance  Keeping your/themselves and the property safe

Being a good neighbour  Keeping property clean and tidy

Other (please state):

**Do you have any medical conditions you’d like to let us know about prior to assessment?**

YesNo

**Are you requesting this accommodation because no other suitable accommodation is available?**

YesNo

**Briefly explain the reasons why you are not able to be provided with accommodation by Local Authority, Housing Association or private landlord:**

|  |
| --- |
|  |

**TOUCHBASE**

We also provide Touchbase™, an innovative digital support system, which at the touch of a button gives users access to family and friends, support providers, their Housing Officer, maintenance and emergency services. The system also gives My Space a digital overview of the tenant's support needs which informs the way we shape our services, and is an important part of our support offer.

**Address History – please list everywhere you have lived over the last five years, plus your reasons for leaving. (None of this information will necessarily go against your chances of being housed by My Space.)**

**\*This information is essential & the referral cannot be processed without this information being provided & accurate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **Dates living at address** | **\*Landlord’s contact details** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Any other information? Eg reasons for gaps in address history:** | | | |

**SECTION 3 – ACCOMODATION REQUIREMENTS**

**Please tick which type of accommodation would be most suitable:**

Ground floor  First floor or above  Any other requirements?

**Please give details of your requirements:**

|  |  |
| --- | --- |
| **Number of bedrooms:** |  |
| **Bath/shower/both:** |  |
| **Please list any accessibility requirements:** |  |
| **If you have any pets that will be living with you please give details of how many, types and breeds:** |  |

**Where you want to live:**

|  |  |
| --- | --- |
| **Where do you want to live (list all that apply):** |  |
| **Any specific areas within city/town?** |  |
| **Any areas to avoid?** |  |
| **Please list any local connections you have to the area in which you want to live (family, friends etc):** |  |

**SECTION 4 – ASSESSING RISK**

**Please list any cautions or convictions you have relating to property or people:**

|  |
| --- |
|  |

**Have you ever committed, been cautioned or convicted for arson?**  **Yes**  **No**

**If YES, please give more information:**

|  |
| --- |
|  |

**Additional Information** (include here any drug or alcohol dependency or abuse that will have an effect on a tenancy and other known individuals that associate with you that may have an effect on the tenancy):

|  |
| --- |
|  |

**Are there any other person(s) that will be living in the property?**  **Yes**  **No**

**If yes, please give the details below. We will need a separate referral form for anyone over 18:**

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

**SECTION 5 - ADDITIONAL INFORMATION REQUIRED FOR HOUSING BENEFIT (to be completed by the prospective tenant)**

**In order to be eligible for Exempt Housing Benefit, proof of ID and proof of benefits will need to be provided on assessment or at move-in.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What benefits are you receiving?**   * *(Please provide proof)* * **When did you start receiving this?** * **How much do you receive?** |  | Yes/No | Date | Amount |
| ESA – support group |  |  | £ |
| ESA – work related activities |  |  | £ |
| UC– work focused interview |  |  | £ |
| UC – no work requirements |  |  | £ |
| UC – work preparation group |  |  | £ |
| UC – all work related requirements |  |  | £ |
| Pension Credit |  |  | £ |
| Carers Allowance |  |  | £ |
|  |  |  | £ |
| **Are you waiting to hear about any benefits?**  **(Please list if yes)** |  | | | |
| **Do you receive child benefit?**  *(If yes, please state child(s) full name and date(s) of birth)* | Yes No  £ Week / Month | | | |
| **Bank / Post Office account details:** | These will need to be provided on move-in date | | | |

**In order to process this application you must bring copies of the following documents with you to assessment:**

* Proof of benefit entitlement (benefits award letter or two months’ bank statements)
* Proof of National Insurance number (benefits award letter)
* Proof of ID (passport, benefits award letter or current utility bill)

**Signatures**

**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.**

|  |  |
| --- | --- |
| **Referrer** | **Service user** |
| Signature: ……………………………………………………………………………  Print: ……………………………………………………………………………………  Length of time working with person referred:  …………………………………... | Signature: ……………………………………………………………………  Print: ………………………………………………………………………….. |

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

|  |  |
| --- | --- |
| **Referrals for Cumbria:**  My Space Housing Solutions  The Lupton Suite  Clawthorpe Hall Business Centre  Burton in Kendal  Cumbria LA6 1NU  Email to cumbria.info@myspacehousing.org  If you have a CJSM email address, use  cumbria.referrals@mshs.cjsm.net  Tel: 01524 784338 | **All other referrals:**  My Space Housing Solutions  Derwent Suite  Paragon Business Park  Chorley New Road  Horwich BL6 6HG  Email to info@myspacehousing.org  If you have a CJSM email address, use referrals@mshs.cjsm.net  Tel: 01204 694154 |

**Information sharing consent form**

Referral Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing this form, you are agreeing for My Space Housing Solutions to contact relevant agencies working with, or have been working with you 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.

Name of agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact at agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details of Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_