

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 <input type="checkbox"/> | White Irish <input type="checkbox"/> | Gypsy/Irish Traveller <input type="checkbox"/> | Any other white background <input type="checkbox"/> |
| Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Any other Asian background <input type="checkbox"/> | | | |
| African <input type="checkbox"/> | Caribbean <input type="checkbox"/> | Any other Black or African Caribbean background <input type="checkbox"/> | |
| Arab <input type="checkbox"/> | White & Black Caribbean <input type="checkbox"/> | White & Black African <input type="checkbox"/> | |
| White & Asian <input type="checkbox"/> | Any other mixed or multiple ethnic background <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |

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.

Referral Form

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, or your spouse or partner served in the 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

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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*)

- | | |
|--|--|
| <input type="checkbox"/> Setting up/payment of bills | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Reporting repairs/maintenance | <input type="checkbox"/> Keeping your/themselves and the property safe |
| <input type="checkbox"/> Being a good neighbour | <input type="checkbox"/> Keeping property clean and tidy |
| <input type="checkbox"/> Other (please state): | |

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

Yes No

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

Yes No

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? <i>(Please provide proof)</i>		Yes/No	Date	Amount
	ESA – support group			£
	ESA – work related activities			£
When did you start receiving this?	UC– work focused interview			£
	UC – no work requirements			£
How much do you receive?	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? <i>(If yes, please state child(s) full name and date(s) of birth)</i>	<input type="checkbox"/> Yes No <input type="checkbox"/> £ 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:	Signature:
Print:	Print:
Length of time working with person referred:	

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

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