

My Space Housing Solutions provides specialised supported housing to some of the most vulnerable people in society, supporting and enabling them to live independently. It is responsibility of the referring agency to ensure that the tenant is eligible for specialised supported housing and not the responsibility of My Space Housing Solutions.

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

Prospective tenant's details

Is there reasonable, suitable, and alternative accommodation available other than completing this application to My Space for accommodation with support? YES or NO (please circle)

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

* 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:	

Gender

Male Female Transgender Non-Binary
Gender Fluid Other Prefer Not To Say

Ethnicity - groups as per GOV.UK

White

English Welsh Scottish Northern Irish British
Irish Gypsy or Irish Traveller Any other White background

Mixed or Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Any other Mixed or Multiple ethnic background

Asian or Asian British

Indian Pakistani Bangladeshi Chinese
Any other Asian background

Black, African, Caribbean or Black British

African Caribbean Any other Black, African or Caribbean background

Other ethnic group

Arab Any other ethnic group

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:
Signature:	

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 meets 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?
(e.g. 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, contact number, and email address):

Name of agency	Contact name	Contact details

SECTION 2 – ESTABLISHING NEEDS

Please outline the tenancy sustainment that you / the prospective tenant will need to enable you / them to manage their tenancy successfully

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

Yes No

Referral Form

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	Rent Arrears Y/N Details
Any other information? E.g. reasons for gaps in address history:				

The Specialist Supported Housing support we offer includes:

- Budgeting, finance and debts
- Claiming and managing HB
- Applying for benefits
- Managing your tenancy and understanding your obligations
- Assistance with dealing with utility providers and other agencies
- Living safely and securely in your home and being a good neighbour
- Signposting and liaising with MH/substance misuse services/Probation etc
- How to use equipment in your home
- Advice in reporting repairs
- Personal care

How does the applicant feel they would benefit from a My Space property and the support we offer?

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.

Understanding your Support Needs

<p>Housing</p> <p>How has the applicant managed previous tenancies?</p> <p>(Notices or evictions/ Past or present problems with neighbours)</p> <p>What support is required for the applicant to keep their home/room safe, clean and tidy?</p>	
<p>Finance</p> <p>Is the applicant in receipt of any benefits?</p> <p>Does the applicant have any other income?</p> <p>Does the applicant have any debts?</p> <p>What support is required for the applicant to successfully budget their income?</p>	
<p>Mental Health</p> <p>Does the applicant have a diagnosis, or history of mental health issues? (Please explain)</p> <p>Receiving any treatments, therapies, medications?</p>	

<p>Discuss patterns – when were they last unwell</p> <p>Does the applicant have a history of self-harm or suicide attempt/ thoughts or periods of feeling low? Triggers, Indicators and coping strategies should be identified.</p> <p>Any periods of hospitalisation?</p>	
<p>Physical Health and Wellbeing</p>	
<p>Does the applicant have any physical health issues?</p> <p>Does the applicant have a learning disability? (Please explain if yes)</p> <p>Any medication or therapies? What is the impact / management of these.</p> <p>How does the applicant maintain their wellbeing? Exercise, diet etc.</p> <p>Does the applicant require personal care assistance? Prompting with hygiene/reminders of medical appointments</p>	

<p>Convictions and Offending</p>	
<p>Does the applicant have any criminal convictions or cases pending? Please provide full details</p> <p>Is the applicant subject to any current or previous statutory or non-statutory orders, or licence conditions on release from prison? E.g., Non-molestation, ASB, MAPPA, DTO etc.</p> <p>Discuss details, including motivation for committing offences, people affected, context, circumstances, patterns of offending.</p> <p>What is the applicant's motivation to change this behaviour?</p>	
<p>Substance Misuse</p>	
<p>Does the applicant have any past or present substance misuse issues? Alcohol, illegal drugs, prescribed medication.</p> <p>Discuss history of use. Where, when, type, frequency, method of use.</p> <p>How does the applicant fund their use? Discuss impact, triggers, and indicators.</p>	

<p>Has the applicant completed / currently attending any recovery programmes? Give details</p>	
<p>Keeping myself and others safe</p>	
<p>Has the applicant experienced any form of abuse, bullying or harassment (Including domestic violence)? Discuss the situation, what was the outcome.</p> <p>Has the applicant ever been the perpetrator of bullying or harassment? Discuss the situation, what was the triggers (i.e. alcohol)</p> <p>Has the applicant ever been subject to or involved in adult or child protection orders? What are/were they? Others involved, relevant details.</p> <p>Have you ever been violent or aggressive to others, including support services staff? Provide details.</p>	
<p>How I spend my time</p>	
<p>How does the applicant current fill your days?</p> <p>What are the applicants hobbies and interests?</p>	

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:	
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

As part of our application process, all completed referrals must be accompanied with the applicant’s latest risk assessment that your service uses.

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

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:

In order to process this application, you must provide the following documents for Housing Benefit purposes:

- 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. It is the responsibility of the referring agency to ensure that the tenant is eligible for specialised supported housing and not the responsibility of My Space Housing Solutions.

A signature from a Statutory Agency will be required before accommodation is granted. This is a separate form which you will receive at a later date on successful eligibility & suitability for housing.

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:

<p>Email to info@myspacehousing.org</p> <p>If you have a CJSM email address, use referrals@mshs.cjsm.net</p> <p>OR postal</p> <p>My Space Housing Solutions Derwent Suite Paragon Business Park Chorley New Road Horwich BL6 6HG</p> <p>Tel: 01204 694154</p>
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Referral Form

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 _____