My Space Housing Solutions provides 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 supported housing and not the responsibility of My Space Housing Solutions.

**Services we offer**

**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. Care, Support or Supervision is usually provided by a Local Authority appointed Care Provider.

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

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.

**Type of Accommodation referral is applying for:**

*Please indicate referral pathway below*

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

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

Yes ☐ No ☐

**Personal Details**

**Is there reasonable, suitable, and alternative accommodation available other than completing this application to My Space for accommodation with support?  YES / NO**

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?** |  | | **Preferred Language** |  |
| **Current Address** |  | | **Does you have any pets?** *Please give details* |  |
| **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:** |
|  |  |  |  |

|  |  |
| --- | --- |
| **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.* |
| **Have you been referred to us for a specific building or scheme?** | **Yes / No** |
| **Do you have a care and support package? If yes, please give details of provider and hours** | **Yes / No**  Please give details |

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

|  |
| --- |
|  |

**Referrer’s details**

|  |  |
| --- | --- |
| **Name:** | **Job Role:** |
| **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.

|  |  |
| --- | --- |
| **Are there any accessibility requirements we need to consider if we invite you to a face-to-face assessment?** | **Yes / No**  Please give details if yes |
| Have you, or your spouse or partner 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 (please include contact name, contact number, and email address):**

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

|  |  |
| --- | --- |
| **Are you requesting this accommodation because no other suitable accommodation is available?** | **Yes / No** |

**Address History – please list everywhere you have lived over the last five years, plus your reasons for leaving.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | | | | |

**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**

**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:** |  |

**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? (this will not automatically prevent you from moving into a My Space property)**  **Yes** ☐ **No** ☐

**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: ……………………………………………………………………………  Print: ……………………………………………………………………………………  Length of time working with person referred:  …………………………………... | Signature: ……………………………………………………………………  Print: ………………………………………………………………………….. |

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

|  |
| --- |
| Email to info@myspacehousing.org  If you have a CJSM email address, use referrals@mshs.cjsm.net  OR postal  My Space Housing Solutions  Derwent Suite  Paragon Business Park  Chorley New Road  Horwich  BL6 6HG  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equal Opportunities Monitoring**

**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** ☐