

Intro

Introduction

This application helps various agencies that provide supported accommodation in Dartford work out whether their accommodation is suitable for you.

Supported accommodation is there to provide secure accommodation for those aged 16-25. Throughout your stay you will be helped with a personal development plan which will equip you to live independently.

The details that you give on this form will help us determine what help you need, and whether you would be eligible for the various schemes available in the Dartford Borough.

If successful you will be contacted by one of the supported housing team who will make arrangements for you to attend an informal interview. If suitable you will be offered accommodation when there is a vacancy. Your accommodation with support is expected to last from 1 to 2 years.

At the end of your stay you should be ready to live independently. You will need to start looking for a place to move to before that point. There will be a few options available to you such as private rented accommodation or social housing provided you conduct your tenancy well. The support service or the Housing Team at the local authority should assist you in finding that accommodation.

If you do not currently live in the Dartford Borough Council area but live in Kent, your local authority will need to make contact with Dartford Borough Council regarding the assistance that they will give you once you have completed your personal development plan. Dartford Borough Council's contact details can be found on the last page of this form.

If you don't live in Kent, unfortunately we are unable to consider you; please contact your local authority, please do not continue with this form.

If you are unsure whether you live in the Dartford Borough Council area or you need help, please do not hesitate to contact the Allocations Team on 01322 343907

Register

Before you Begin....

If you haven't done so already please register on kenthomechoice.org.uk, this form is supplemental to this form so we can make an assessment.

What is your Kent Home Choice Number? DART / _____

Your First and Middle Name(s) : _____

Your Surname : Mr / Mrs / Miss / Ms _____

Your Date of Birth : ___ / ___ / _____ Your Mobile Number : _____

Your age : _____ Your Telephone Number : _____

Your email address : _____

Please use a Black pen. You may need to use the 'Notes' section a few times, if you run out of space please feel free to continue on paper and attach to your form.

Young Persons Housing Application

Q1.

Your Basic Details

Have you had a previous name, if so what was it ? _____

Your National Insurance Number _____

Your Correspondence Address : _____

_____ Post Code : _____

What is your Marital Status? Single / Married / Separated / Divorced / Other : _____

What is your sex? Male / Female / Other : _____

Nationality ? I come from the UK / EU / OTHER _____

You do not have to answer the following questions :

What was your ethnicity ? _____

What is your sexual orientation ? _____

Q2.

Details of who is to be housed with you

Please tick those that apply :

I am pregnant

I have children to be housed with me

Details of children to be housed with you :

Name(s)	Date of Birth and Age	Male / Female
.....	Male / Female
.....	Male / Female
.....	Male / Female

Q3.

Your Current and Previous Address History

Is your correspondence address the same as where you are currently living? YES / NO

If no, where do you currently live ? _____

_____ Post Code : _____

When did you move in to your current property ? Month _____ Year _____

Are you currently? living with parents / renting / living with family / living with friends / homeless

If you are homeless please use the above to list your last settled accommodation. We need some, brief, details regarding why, and where from please use the notes section to provide some detail.

If you have not lived in the above property for at least 5 years then please provide detail of your previous property :

Previous address : _____ Post Code : _____

When did you move in to your current property ? Month _____ Year _____

Tenure type _____ living with parents / renting / living with family / living with friends

If you answer 'Yes' to any of the following questions please provide detail in the notes section.

Have you ever been evicted from a property ? YES / NO

Have you previously been in supported accommodation? YES / NO

Q4.

Your Referrer (write N/A if this is a self-referral)

Referral Agency : _____

Contact Name : _____

Telephone Number : _____ email address : _____

Fax Number : _____ Address : _____

_____ Post Code : _____

Reason for referral : _____

Declaration :

I confirm that I have discussed this application with the applicant, the information I have given is, to the best of my understanding, correct and complete

Signed (referrer) : _____ Date : _____

Q5.

Medical Questions

If you answer 'YES' to any of the questions below, please give detail in the 'notes' section.

Do you currently have any physical health problems ? YES / NO

Are you currently prescribed any medication ? YES / NO

Do you consider yourself to have a disability ? YES / NO

Do you have issues with stairs ? YES / NO

Do you require adaptations to any property that you are successful for ? YES / NO

Are you a wheel chair user ? _____ indoors / outside only / indoors and outdoors

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Have you had or experiencing issues with depression, anxiety, self-harm, suicidal thoughts or other mental health issues ? YES / NO

Name of GP : _____

Surgery Address : _____

_____ Telephone Number : _____

Q6.

Why you need accommodation.

Briefly describe the reason why you need to move, for example : 'my parents asked me to leave'

Briefly describe why you need supported accommodation, for example 'I have _____ difficulties and need help with housing'

Q7.

Employment, Connection and Finances

Do you currently :

Work : 16+ Hours / Less than 16 Hours / Not in employment

Have family in Dartford : YES / NO Live in Dartford : YES / NO

Volunteer : YES / NO Study (student) : YES / NO

Please give name and address :

Please tick all that you receive:

Universal Credit Income support Job Seekers Allowance

Housing Benefit Working Tax Credits Other (state):

Employment Support Allowance Disability Living Allowance _____

If you are in employment or volunteering please tell us how many hours per week you work and your pay before any deductions and pay after deductions (tax)

Hours: _____ per week

Before Tax : £ _____ - _____

After Tax : : £ _____ - _____

Organisation that you work / volunteer for : _____

If you are in rent arrears please provide any agreements to repay the debt

Do you have more than £3000 in savings?

YES / NO

Q8.

Specialist support that you currently receive

Do you receive support from :

Social services

Probation Service

Mental Health Team

Drug Intervention Programme

Youth Offending Team

I am a care leaver

I am a care leaver under the care of Kent County Council

I have a personal advisor

If you have ticked any of the above, please give the name, telephone number and job title of your support worker(s)

Name : _____

Job Title : _____

Contact Number / Email : _____

Name : _____

Job Title : _____

Contact Number / Email : _____

Q9.

Next of Kin Details

In case of an emergency who should we contact ?

Name : _____

Relation to you : _____

Contact Number / Email : _____

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Q10.

Getting to know you

So we understand why your application has been made, please indicate from the below anything that you identify with.

- | | | |
|---|---|---|
| <input type="checkbox"/> Generic / Complex needs | <input type="checkbox"/> Diagnosed with HIV/AIDS | <input type="checkbox"/> Been in the Armed Forces |
| <input type="checkbox"/> Young person at risk | <input type="checkbox"/> Risk of Domestic Violence | <input type="checkbox"/> Leaving Care |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Victim of Hate Crime |
| <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Victim of Violence | <input type="checkbox"/> Rough Sleeper |
| <input type="checkbox"/> Gypsy / Traveller with support needs | <input type="checkbox"/> Single Homeless with Support Needs | <input type="checkbox"/> Physical or Sensory Disabilities |
| <input type="checkbox"/> Received notice to leave | | |

If you have selected more than one please tell us which one you identify the most with:

If you have identified with any of the above, we would like more detail; please use the space below to provide this, continuing in the 'notes' section if required.

- | | | |
|---|---|---|
| <input type="checkbox"/> Drug Misuse Issues | <input type="checkbox"/> Alcohol Misuse Issues | <input type="checkbox"/> At risk of Offending |
| <input type="checkbox"/> History of Anti-Social Behaviour | <input type="checkbox"/> Previously convicted of an offence | <input type="checkbox"/> Mentally disordered offender |
| <input type="checkbox"/> Subject of an ASBO | <input type="checkbox"/> Recently left prison | <input type="checkbox"/> Currently on Bail |
| <input type="checkbox"/> Awaiting court hearing | <input type="checkbox"/> Have been convicted | <input type="checkbox"/> Ex-Offender |
| <input type="checkbox"/> Have been cautioned | <input type="checkbox"/> Schedule 1 offender | <input type="checkbox"/> Theft conviction |

If you have selected more than one please tell us which one you identify the most with:

If you have identified with any of the above, we would like more detail; please use the space below to provide this, continuing in the 'notes' section if required.

Q11.

Your Support Need(s) (Please tick all the things where you think you need more support)

Housing:

- | | | |
|---|--|--|
| <input type="checkbox"/> Rent arrears | <input type="checkbox"/> Notices or evictions | <input type="checkbox"/> Arranging repairs |
| <input type="checkbox"/> Past or present problems with neighbours | <input type="checkbox"/> Keeping your room / home safe, clean and tidy | <input type="checkbox"/> Other (state):
_____ |

Finance :

- | | | |
|--|--|--|
| <input type="checkbox"/> Paying rent | <input type="checkbox"/> Budget planning | <input type="checkbox"/> Paying bills |
| <input type="checkbox"/> Claiming benefits | <input type="checkbox"/> Clearing debts | <input type="checkbox"/> Other (state):
_____ |

Support Networks (Family / Friends) :

- | | | |
|---|--|---|
| <input type="checkbox"/> Family links | <input type="checkbox"/> Other social networks | <input type="checkbox"/> Domestic abuse |
| <input type="checkbox"/> Behaviour management | <input type="checkbox"/> Offending | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Other (state): _____ | |

Meaning use of time:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Employment | <input type="checkbox"/> Literacy needs |
| <input type="checkbox"/> Accessing childcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other (state):
_____ |
| <input type="checkbox"/> Help with language | <input type="checkbox"/> Interests | |

Diversity:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cultural needs | <input type="checkbox"/> Religious needs | <input type="checkbox"/> Personal Preferences |
| <input type="checkbox"/> Other (state): | _____ | |

Physical Health and Wellbeing :

- | | | |
|---|--|--|
| <input type="checkbox"/> Getting a doctor | <input type="checkbox"/> Getting a dentist | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Diet | <input type="checkbox"/> Getting support from other agencies |
| <input type="checkbox"/> Other (state): | _____ | |

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Q11.

Information Sharing and Collection Consent

This is a supplementary consent to the consent given on KentHomeChoice.org.uk.

This form will be looked at by multiple agencies. This section gives your consent to share your information with relevant agencies in relation to housing and any housing related issues.

Your Name : _____ Date of Birth : ___ / ___ / _____

- I give authorisation for Dartford Borough Council, YMCA, Kent County Council to share information in relation to my housing issues with relevant agencies.
- I give my authorisation for the above to request from the Police any information they feel relevant about my criminal history, for example police records of violence, aggression, theft, ASB, Schedule 1 offence or any family links or involvement in the community that would impact within multi-occupancy accommodation or supported accommodation that may place other residents and/or staff at risk.
- I give my consent for the agencies involved with the Young Persons Housing Application process to use the information on this form and kenthomechoice.org.uk application to assess my suitability for supported accommodation, and for move-on once my support comes to an end.

Signed : _____ Date : ___ / ___ / _____

Submi

Sending this form...

Most questions are covered in your KentHomeChoice.org.uk application that you will need to make in addition to this form. However in some circumstances we may need to contact you further for more information. As such, please ensure if you have any spam filters on your email address that you add allocations@dartford.gov.uk

Before sending this form, please ensure that you have answered every question and have **signed the form**.

✉ POST: **Allocations Team, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, KENT DA1 1DR.**

@ EMAIL : **JointHousingPanel@Dartford.gov.uk**

📠 FAX : **01322 343619**

If you are having difficulty creating a KentHomeChoice.org.uk please phone us on 01322 343907 we can then make arrangements to complete one for you.

If you change your mobile number please inform us, or login to your kenthomechoice.org.uk to update your details.