



stonewall housing **POLICIES**

ALLOCATIONS & LETTINGS POLICY AND PROCEDURE

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CONTENTS

1. Introduction
2. Allocations Policy
3. Referral Stage
4. Interview and Allocations Procedure
5. Lettings
6. Transfer Procedure
7. Request for Transfer
8. Appendix 1 - Application Form - Direct
9. Appendix 2 - Application Form - Referral Agent
10. Appendix 3 - Needs Assessment Form
11. Appendix 4 - Transfer Request Form

1. INTRODUCTION.

Stonewall Housing provides temporary, supported housing for young (16-25 year old) lesbians and gay men with low to medium support needs. Stonewall provides a variety of shared housing within the boroughs of Islington, Hackney, Haringey and Newham.

1.1 Stonewall Housing Houses

Islington, London N7: 8 single rooms in four two-bedroom flats, two for women, one for men - and one mixed, each with separate facilities.

Islington, London N4: 9 single rooms for women only. All tenants share kitchens/living rooms, bathrooms and laundry facilities.

Haringey, London N6: 6 single rooms. Male and female tenants share Kitchens and Laundry room with separate bathrooms for the male and female tenants.

Hackney, London N16: Black only house providing 5 single rooms. Mixed house with one self-contained flat.

Hackney, London N16: 7 single rooms in three flats. Ground floor flat is a mobility unit suitable for people with disabilities.

Newham, London E6: 6 single rooms in 3 two-bedroom flats - each with their own separate facilities.

2. Allocations Policy.

2.1 Stonewall Housing Provides support to tenants in the above schemes and are responsible for the Housing Management on behalf of London & Quadrant Housing Group at the Newham scheme. Circle 33 is responsible for the Housing Management in the Haringey and Islington Schemes while Mosaic H.A. provide the Housing Management in the Hackney Schemes. The houses are fully furnished and bedding is provided for each tenant.

2.2 Stonewall Housing will not house:

- People with a history of arson.
- People known to have a history of violence.
- People with higher support needs than we can meet (e.g. emotional, physical, financial).
- People who are over the age criteria or will be within a six-month period.
- People who do not identify as lesbian or gay.

3. PROCEDURE.

3.1 Referral Stage.

- 3.1.1 Potential applicants are welcome to apply directly to Stonewall Housing or be referred by an external agency. This is provided the waiting list for a particular client group is open. The waiting list is filed on a gender & ethnicity basis. When the waiting list for each client group has 6 applicants, the list will be closed. Stonewall Housing will not accept further applicants until the list has reduced to 2.
- 3.1.2 Stonewall Housings Advice Team provides the main source of referrals. Initial contact is made through individuals attending a surgery or discussing their housing need over the phone. The Advice Team can assist anyone in completing the application form - as can other external agencies.
- 3.1.3 The referral agent must ensure that all stated questions on the application form are answered and the monitoring form is completed. The Risk Assessment must also be completed.
- 3.1.4 When an application form is received the completed forms should be handed to the Administrator for input onto the database. The Administrator will then pass the form to the Housing Management Team at Stonewall Housing. Which will assess whether or not the applicant is suitable to be interviewed.

3.2 Interview and Allocations Procedure.

- 3.2.1 If the applicant meets the criteria required, and the waiting list is open they will be invited to an interview to discuss their situation and a Needs Assessment and Risk Assessment will be carried out.
- 3.2.2 A letter will be sent by the Housing Team confirming the date and time of the appointment. If there is no contact address on the form, the Housing Team will attempt to contact the candidate by telephone - if a number is stated.
- 3.2.3 Prior to the interview the candidate will be required to provide proof of identity and income.
- 3.2.4 The candidate will be interviewed by two members of the Housing Team who will attempt to gain information centred on housing and support needs.

3.2.5 The interview will include an assessment by the workers who will discuss the following:

1. That our referral criteria have been met.
2. The applicant has support needs appropriate to the service.
3. That the applicant is willing and able to share a living space, attend keywork sessions, participate in a Support Plan and understands that the accommodation is temporary.
4. That the applicant is made aware of the type of permanent accommodation they will have access to when they are ready to move-on.
5. The applicant understands the aims and objectives of Stonewall Housing and agrees to adhere to the policies, support agreement and tenancy agreement.
6. The applicant has the means to pay rent and service charge / is willing to make a prompt housing benefit claim.

3.2.6 The interview panel will make an initial recommendation on whether the applicant will be accepted. The interviewees' recommendations will be written on the needs assessment form in the comments section at the end of the form. The needs assessment form will then be passed to the Housing Services Manager for authorisation.

3.2.7 Once the Housing Services Manager has made a decision about the application, the individual will be informed in writing. If the applicant is accepted, their form will be placed on the waiting list. If we are unable to accept the application a letter will be sent stating reasons for this decision and advising the applicant of Stonewall Housing's Advice Service or other service more appropriate to their needs.

3.2.8 If an applicant is eligible for a room at Stonewall Housing an offer letter will be sent confirming the location. If the scheme is managed by a Partner HA the applicant's details will be sent to the relevant landlord, who will contact the applicant directly. They will be given 48 hours to respond to the letter.

3.2.9 If the applicant fails to contact Stonewall Housing within the given time, the room will be offered to another applicant.

3.3 LETTINGS.

3.3.1 The waiting list is co-ordinated by the Housing Services Manager and is reviewed on a continuous basis. The allocations procedure is decided by housing and support needs.

- 3.3.2 Waiting list applicants are entitled to 2 offers. The refusal of the first offer is noted. A second offer should be made - in accordance to housing need. If the tenant refuses this offer, it should be explained that a second refusal could result in the application being removed from the waiting list if the second offer was considered reasonable. Where the property is in a habitable condition, with a reasonable standard of decoration, and is in the area chosen by the applicant, the offer will be considered reasonable.
- 3.3.3 When a void arises the Supported Housing Officer (SHO) must inform the Housing Services Manager (HSM) of the anticipated void date. The SHO should follow the Voids Procedure.
- 3.3.4 The HSM will refer to the waiting list and make a decision on which applicant will be allocated the void room. The application & needs assessment form are passed to the SHO who will contact the applicant within 24 hours. All offers must be made formally and in writing.
- 3.3.5 Applicants have 48 hours to respond and arrange a viewing time with the SHO.
- 3.3.6 After viewing the property the applicant should be encouraged to respond immediately. If this is not possible, they must respond within 48 hours.
- 3.3.7 Where the applicant accepts the offer, the SHO will complete a New Tenant Details form confirming commencement of tenancy and rent charges if appropriate.
- 3.3.8 If appropriate, the SHO will ensure that the tenant signs the tenancy agreement, completes a Housing Benefit, and is introduced to the property and area - using the move-in checklist as a guideline. If the Partner HA is responsible for the tenancy sign up the SHO should attend to ensure the tenant is aware of the key responsibilities of the Partner HA and Stonewall Housing.
- 3.3.9 The SHO must go through the Support Agreement and Tenant Support Plan. At this stage the tenant should be introduced to the Supported Housing Handbook and policies and procedures gone through.

3.4 Transfer Procedure.

- 3.4.1 Stonewall recognises that in certain situations tenants may wish to transfer from their present accommodation. As there are a limited number of bedspaces and a low turnover, applications will be considered on housing need and reasons for transfer.
- 3.4.2 Stonewall tenants may apply for a transfer on the following grounds:
- Harassment or Violence: The tenants safety and security is under threat at their present address.

- Medical reasons - the accommodation is not suitable for their medical needs.
- Irretrievable breakdown of sharing arrangements. Reasonable attempts have failed to resolve a serious tenant dispute and the breakdown in sharing arrangements has not been rectified.

3.4.3 The following conditions must be satisfied before transfers can take place:

The tenant has held a tenancy with Stonewall Housing for a minimum of 6 months and they have a clear rent account. Tenants who have rent arrears - including arrears of HB - will not be considered for a transfer.

3.5 Request for transfer.

- 3.5.1 The SHO should register the request and complete a transfer application form (Appendix 4). The application form should be referred to the HSM for approval.
- 3.5.2 If the tenant has medical reasons for seeking a transfer, supporting evidence will be requested (e.g. Doctor's letter) in order to make a full assessment of housing need.
- 3.5.3 The tenant must be informed of the outcome of their application, stating the realistic assessment of their transfer application and how long they may have to wait to be rehoused.
- 3.5.4 The whole process of receiving, registering and assessing a case should be completed within 21 days.
- 3.5.5 If the transfer application is refused the tenant may appeal in writing to the Director.

APPENDIX 1



Application Form for Temporary Shared Supported Housing

Self Referral

Please complete the form and be frank and open with us. We are not asking these questions so we can say no, but to make sure we have the right information to help us decide whether the project will suit you, and whether we can give you the help and support you need.

Part One - Your Details

First Name _____ Date of birth: _____
 Family Name _____ Age*: _____
 Current Address _____ Gender: Male /female / transgender
 _____ Tel No: _____
 _____ Email: _____
 How long have you lived here? _____
 National Insurance No: _____

*If aged under 18, please provide the name, address and telephone number of a potential rent guarantor:

Part Two - Your Housing History

Which of the following best describes your present accommodation?

- | | | | |
|----------------------------------|--------------------------|----------------------------|--------------------------|
| Renting from Local Authority | <input type="checkbox"/> | Living with family | <input type="checkbox"/> |
| Renting from Housing Association | <input type="checkbox"/> | Living with friends | <input type="checkbox"/> |
| Renting privately | <input type="checkbox"/> | Hostel / bed and breakfast | <input type="checkbox"/> |
| Renting with job | <input type="checkbox"/> | Other (please describe) | <input type="checkbox"/> |
| Owner / Part-owner | <input type="checkbox"/> | | |

Please detail all the accommodation you have used for the past 3 years, starting with the most recent:

| Dates of stay | Type of accommodation (Refer to list above) | Borough/Area | Reason for leaving |
|---------------|---|--------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Are you currently on any other housing waiting lists? Please give details:

What was your last settled base? (Please tick one box only)

- | | | | |
|-----------------------------------|--------------------------|-------------------------------|--------------------------|
| Parental home | <input type="checkbox"/> | Owner occupier | <input type="checkbox"/> |
| Family or friend's home | <input type="checkbox"/> | Private rented | <input type="checkbox"/> |
| Partner's home | <input type="checkbox"/> | Local Authority tenancy | <input type="checkbox"/> |
| Long stay hostel | <input type="checkbox"/> | Housing Association tenancy | <input type="checkbox"/> |
| Short stay hostel / Night shelter | <input type="checkbox"/> | Tied Accommodation | <input type="checkbox"/> |
| Squatting | <input type="checkbox"/> | Bed & Breakfast / Guest House | <input type="checkbox"/> |
| Care / Children's Home | <input type="checkbox"/> | No Fixed Abode | <input type="checkbox"/> |
| Prison / Youth Custody | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

How long is it since you left there? (Please tick one box only)

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Still there | <input type="checkbox"/> | Between a year and two years | <input type="checkbox"/> |
| One month or less | <input type="checkbox"/> | Between two years and five years | <input type="checkbox"/> |
| Between one and six months | <input type="checkbox"/> | More than five years | <input type="checkbox"/> |
| Between six months and a year | <input type="checkbox"/> | | |

Why did you leave your last home? (Please tick one box only)

- | | | | |
|---------------------------|--------------------------|------------------------|--------------------------|
| Eviction | <input type="checkbox"/> | Leaving other hostel | <input type="checkbox"/> |
| Harassment | <input type="checkbox"/> | Unaffordable | <input type="checkbox"/> |
| Relationship breakdown | <input type="checkbox"/> | Poor housing condition | <input type="checkbox"/> |
| Family breakdown | <input type="checkbox"/> | Leaving care | <input type="checkbox"/> |
| Insecure housing | <input type="checkbox"/> | Mortgage repossession | <input type="checkbox"/> |
| Moved / moving to London | <input type="checkbox"/> | Leaving custody | <input type="checkbox"/> |
| Health / medical problems | <input type="checkbox"/> | Leaving hospital | <input type="checkbox"/> |
| Overcrowding | <input type="checkbox"/> | Rent arrears | <input type="checkbox"/> |
| Fleeing violence | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

Part Three - Your Income

Are you currently in work?

- No Yes, part time Yes, full time

What are your earnings after tax per week? £ _____

Are you currently studying?

- No Yes, part time Yes, full time

Are you in receipt of any of the following?

- | | | |
|------------------------|--------------------------|------------------|
| Job Seeker's Allowance | <input type="checkbox"/> | Since what date? |
| Income Support | <input type="checkbox"/> | _____ |
| Incapacity Benefit | <input type="checkbox"/> | _____ |
| Housing Benefit | <input type="checkbox"/> | _____ |

Are you in receipt of any other benefits or income? If YES, please provide details:

Part Four - Your Support Needs

Do you have, or have you had, any support or help in the following areas? (Please tick as many boxes as applicable)

- | | | | |
|----------------------------|--------------------------|---------------------------------|--------------------------|
| Mental health problems | <input type="checkbox"/> | Family breakdown | <input type="checkbox"/> |
| Learning difficulties | <input type="checkbox"/> | Multiple / large debts | <input type="checkbox"/> |
| Physical disabilities | <input type="checkbox"/> | Gambling problems | <input type="checkbox"/> |
| Long term illness | <input type="checkbox"/> | Challenging / violent behaviour | <input type="checkbox"/> |
| Alcohol abuse | <input type="checkbox"/> | Criminal convictions | <input type="checkbox"/> |
| Drug abuse | <input type="checkbox"/> | Victim of harassment | <input type="checkbox"/> |
| Solvent abuse | <input type="checkbox"/> | Asylum seeker / refugee | <input type="checkbox"/> |
| Victim of violence / abuse | <input type="checkbox"/> | Leaving / left care | <input type="checkbox"/> |
| Victim of homophobic abuse | <input type="checkbox"/> | Recent bereavement | <input type="checkbox"/> |
| Sleeping rough | <input type="checkbox"/> | Health care issues | <input type="checkbox"/> |
| Anxiety / panic attacks | <input type="checkbox"/> | HIV+ / AIDS | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | Need for 'women-only' housing | <input type="checkbox"/> |
| Counselling | <input type="checkbox"/> | Need for 'black-only' housing | <input type="checkbox"/> |

Please describe in your own words why you need our advice or support:

Have you had any contact with the following?

| | | Dates | |
|--------------------------------|--------------------------|-------|----|
| | | From | To |
| Social Worker | <input type="checkbox"/> | | |
| Probation Officer | <input type="checkbox"/> | | |
| Community Psychiatric Nurse | <input type="checkbox"/> | | |
| Drug Counsellor | <input type="checkbox"/> | | |
| Alcohol Therapist | <input type="checkbox"/> | | |
| Occupational Therapist | <input type="checkbox"/> | | |
| Key worker/Resettlement Worker | <input type="checkbox"/> | | |
| Other: | <input type="checkbox"/> | | |

Have you ever been in the following?

| | | Dates | |
|------------------------|--------------------------|-------|----|
| | | From | To |
| Hospital (long stay) | <input type="checkbox"/> | | |
| Prison / Youth Custody | <input type="checkbox"/> | | |
| Local Authority Care | <input type="checkbox"/> | | |
| Children's Home | <input type="checkbox"/> | | |

Part Five - Shared Housing

Have you lived in shared housing before? If 'YES' please give details:

What do you think are the advantages of shared housing?

What difficulties do you think may arise from sharing with people you don't know?

You may be sharing a flat with lesbians or gay men from different cultural or religious backgrounds, with lesbians or gay men who are transgendered, with people with disabilities, or who are HIV+. How do you feel about that?

Why do you want to live in a lesbian and gay only project?

Stonewall Housing currently has houses in Islington (N4 and N7), Hackney (N16), Haringey (N6) and Newham (E6). Are there any reasons why you could not live in any of these areas?

Part Six - Other Information

Please use this space to provide any other information, for example any children or other care responsibilities you may have, that has not been covered elsewhere in this application:

If you meet Stonewall Housing's referral criteria you will be invited to attend an assessment interview, where the contents of this form will be discussed further. Please state here if you have any particular requirements with regard to this interview, e.g. disability, language, availability, etc.

Stonewall Housing aims to move tenants into their own permanent accommodation, although we cannot guarantee to do this. If you are nominated for permanent housing, it is likely to be a studio/bedsit and/or in a high-rise block. Do you have any reasons why you would not be able to accept this type of accommodation? If 'YES', please give details:

Part Seven - Declaration

To the best of your knowledge, do you already know or are you related to any of Stonewall Housing's staff or Management Committee members? If 'YES', who?

If you do know one of our staff or committee, this does not mean that we will not be able to house you; we do however need to know about the connection before you move in for everyone's protection.

1998 Data Protection Act

By signing this application form you consent to the information held on this form being processed in the following ways for the sole purpose of finding you suitable accommodation:

1. This application form will be held on file during the selection process, whilst you are on the waiting list (if applicable) and, if housed by Stonewall Housing, on your tenant file.
2. Information on this form may be passed to third party agencies.
3. This form may be used for monitoring purposes - in this case any data used will be anonymous.

If you would like further information please request a copy of the Data Protection Policy and the Confidentiality Policy.

I declare that the information provided on this form is correct and I understand that any accommodation provided by Stonewall Housing may be affected if any of the information I have give is found to be false. I understand that Stonewall Housing will take immediate action against any applicant obtaining housing by making a false or misleading statement; and that this could result in termination of their tenancy.

Signature:

Date:

Please complete the Monitoring Form at the end of this application form and return it to:

Stonewall Housing, 2a Leroy House, 436 Essex Road, London N1 3QP

Once we have received your completed application your details will be entered onto our database. If the waiting list is currently open and we feel you fit our criteria, your application will be placed on file until such time that interviews can be arranged. If however the waiting list is closed or your application fails to meet our criteria, it will be returned to you at the address you have given on the front of this form. If you are invited to an assessment interview you will need to bring proof of your ID and income.

Office Use Only

Entered onto database

Attended interview

Short-listed for interview

Accepted for housing

APPENDIX 2



Application Form for Temporary Shared Supported Housing

Referral

Please complete this form in support of your clients' Application for Temporary Shared Supported Housing.

Part One - Agency Making Referral

Agency _____

Contact Person _____

Tel No: _____

Email: _____

What support can you offer: _____

Part Two - Person Being Referred

First Name _____ Date of birth: _____

Family Name _____ Age*: _____

Current Address _____ Gender: Male / female / transgender

_____ Tel No: _____

_____ Email: _____

National Insurance No: _____

Part Three - Homelessness

What is the reason for homelessness?

Has the applicant been referred previously?

Has the applicant ever been evicted from supported accommodation? Please give details:

If the applicant gets support from any other agency please give details:

Agency name: _____

Contact Name: _____

Tel no: _____ Email: _____

Part Four - Benefit Status

Is the applicant in employment, training, receiving JSA, Incapacity Benefit or other benefits?

Part Five - Support Needs

Please tell us about any known support needs this person has:

| SUPPORT NEED | HIGH | MEDIUM | LOW |
|---------------------------|------|--------|-----|
| Health issues | | | |
| Learning Difficulties | | | |
| Mental health | | | |
| Literacy problems | | | |
| Living skills | | | |
| Budgeting / debt problems | | | |
| Drug / substance misuse | | | |
| Alcohol | | | |
| Other | | | |

Please give details of what you know about the involvement of this person with drugs, including any past or present substance abuse:

Please give details of what you know about the involvement of this person with alcohol, including the present position:

Are there any mental health problems that you are aware of:

Name of psychiatrist / CPN _____

Part Six - Offending Behaviour

Does s/he have any offending history that you are aware of?

Yes No

If yes, please give details, including any convictions:

If s/he has a probation officer, please give details:

Name: _____

Address: _____

Tel no: _____ Email: _____

Does s/he have any history of threatening behaviour, including verbal and/or physical abuse?

Details:

Action to be taken:

Part Seven - Risk Assessment

| | LOW | | | HIGH | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Deliberate self-harm | | | | | |
| Seriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likelihood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Harm to others | | | | | |
| Seriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likelihood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self neglect | | | | | |
| Seriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likelihood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exploitation by/ to others (please state which) | | | | | |
| Seriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likelihood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Description of risk

Trigger points:

Assessment of risk:

Work carried out with applicant in relation to the risk/future support offered:

I declare that the information provided on this form is correct and I understand that any accommodation provided by Stonewall Housing may be affected if any of the information I have give is found to be false. I understand that Stonewall Housing will take immediate action against any applicant obtaining housing by making a false or misleading statement; and that this could result in termination of their tenancy.

Signature: _____ **Date:** _____



Needs Assessment Form

Part One - Identification

Proof of income and ID Provided Photocopy and keep on file

Part Two - Interviewee's Details

First Names _____ Family Name _____
Known by any other name: _____
Date of birth: _____ Age: _____
Current Address _____

Tel No: _____ Email: _____
Current Accommodation: Family Friend Partner Other
Where do you stay/ sleep: _____
Do you have any child or care responsibilities: _____
Who referred you to Stonewall Housing: _____
How did you hear of Stonewall Housing: _____

Part Two - Education, Training and Work

Are you currently studying?
Yes No Full time Part time
Name of College: _____
Name of Course: _____

Are you interested in continuing your education?
Yes No Full time Part time
If yes, what do you wish to study: _____

Are you working or undertaking any training at the moment?
Yes No Full time Part time
If yes, who employs you and what kind of work do you do: _____

Part Three - Shared Housing

What do you think are the advantages and disadvantages, if any, of the following?

| | |
|--|------------------------------------|
| Sharing household duties (cleaning etc.) | Support Needs Yes / No <hr/> |
|--|------------------------------------|

| | |
|--------------------------|------------------------------------|
| Living in a shared house | Support Needs Yes / No <hr/> |
|--------------------------|------------------------------------|

| | |
|---|------------------------------------|
| Living with people of other races / ethnicities | Support Needs Yes / No <hr/> |
|---|------------------------------------|

| | |
|---------------------------------------|------------------------------------|
| Living with someone with a disability | Support Needs Yes / No <hr/> |
|---------------------------------------|------------------------------------|

| | |
|---------------------------------|------------------------------------|
| Living with someone who is HIV+ | Support Needs Yes / No <hr/> |
|---------------------------------|------------------------------------|

| | |
|--|------------------------------------|
| Living with a lesbian or gay man who identifies as transgendered | Support Needs Yes / No <hr/> |
|--|------------------------------------|

Part Four - Independent Living

What are your abilities regarding the following:

| | |
|---------|---------------------------|
| Cooking | Support Needs Yes / No |
| | _____ |

| | |
|---------------------------|---------------------------|
| Looking after your health | Support Needs Yes / No |
| | _____ |

| | |
|----------------|---------------------------|
| Managing money | Support Needs Yes / No |
| | _____ |

| | |
|---------------------------|---------------------------|
| Considering others' needs | Support Needs Yes / No |
| | _____ |

| | |
|---|---------------------------|
| How do you settle arguments or disputes | Support Needs Yes / No |
| | _____ |

| | |
|--|---------------------------|
| Talking about your problems / concerns | Support Needs Yes / No |
| | _____ |

| | |
|---------|---------------------------|
| Reading | Support Needs Yes / No |
| | _____ |

| | |
|---------|---------------------------|
| Writing | Support Needs Yes / No |
| | _____ |

| | |
|------------------|---------------------------|
| Filling in forms | Support Needs Yes / No |
| | _____ |

Have you ever sought help or do you need help in any of the following areas:

| | |
|---------------|---------------------------|
| Finding a job | Support Needs Yes / No |
| | |

| | |
|-------------------|---------------------------|
| Further Education | Support Needs Yes / No |
| | |

| | |
|---------------------------|---------------------------|
| Improving your confidence | Support Needs Yes / No |
| | |

| | |
|-----------|---------------------------|
| Budgeting | Support Needs Yes / No |
| | |

| | |
|---------------------------|---------------------------|
| Becoming more independent | Support Needs Yes / No |
| | |

| | |
|----------------------------------|---------------------------|
| Your own permanent accommodation | Support Needs Yes / No |
| | |

Part Five - Support Needs

Have you had any emotional issues / problems:

What problems have you faced with your sexuality and what support have you received:

Have you suffered any violence or harassment:

Do you have any support needs that have not been mentioned yet:

Do you have any current health issues / problems:

Are you taking any medication:

Have you ever been involved with recreational drugs or substance misuse:

What is your view of this now:

Do you now or have you ever had any alcohol related problems:

Do you have, or have you ever had any of the following:

| | | | | | |
|---------------|-----|--------------------------|----|--------------------------|----------------------------|
| Social Worker | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Name _____ Tel No _____ |
| Psychiatrist | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Name _____ Tel No _____ |
| Counsellor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Name _____ Tel No _____ |
| C.P.N | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Name _____ Tel No _____ |
| G.P. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Name _____ Tel No _____ |

Do you have any outstanding debts (credit card, loans, car payments etc.)?

Do you have any outstanding rent arrears, HB claims etc.

Do you know any current tenants or ex-tenants of Stonewall Housing:

Stonewall Housing provides resettlement support that may result with tenants being nominated into their own permanent accommodation. What are your expectations of the type of housing you would receive:

Is there anything else you would like to tell us regarding your support needs or your suitability for housing with Stonewall Housing:

1998 Data Protection Act

You must ask if the applicant consents to the information held on this form being processed in the following ways for the sole purpose of allocating them a place on the waiting list or on one of the houses:

1. The interview form will be held on file during the selection process, whilst they are on the waiting list (if applicable) and, if housed by Stonewall Housing, on their tenant file.
2. Information from this form may be passed to third party agencies.
3. The form may be used for monitoring purposes - in this case any data used will be anonymous.

If they would like further information please give them a copy of the Data Protection Policy and the Confidentiality Policy.

Please indicate clearly below if they agreed or no. If they did not give consent this form **MUST NOT BE KEPT AFTER THE INTERVIEW.**

CONSENT GIVEN

YES

NO

Comments from Interviewer 1:

Comments from Interviewer 2:

Comments from HSM:

Accept Reject

Reason for decision:

Signed HSM: _____

Appendix 4

STONEWALL HOUSING TRANSFER APPLICATION

This application form should be used by Stonewall Housing tenant's seeking alternative accommodation.

This form is designed to collect all the information that is needed to assess your housing requirements. Please read them carefully and answer all the questions.

If you have any queries or need help to complete this form, please speak to your Supported Housing Officer.

Please return you completed application form to: Stonewall Housing
2a Leroy Business Centre
436 Essex Road
London N1 3QP

Your details:

Title (Mr/Mrs/Miss/Ms)

First Name:

Surname:

Address:

Phone Number:

Date of Birth:

Employment & income details:

Please give details of your employment (if self-employed, please specify):

Occupation:

Details of your income: £

Basic take home pay

Sickness/Invalidity benefit

Income Support

Unemployment Benefit

Housing Benefit

Other Benefits (please state)

What date did you move into your present accommodation?

What is the full weekly rent?

Do you owe rent? If yes, how much £

Reasons for re-housing:

If you need a transfer medical reasons, please specify the nature of your illness, the required accommodation needed and how your present housing affects your health:

Please give the name and address of the doctor or consultant:
(For medical conditions to be taken into account it may be necessary to contact your doctor).

Please specify area's you wish to live in:

1st choice:

2nd choice:

Signature of tenant: