

# CHS Housing Referral Form

**Please specify which service you are interested in**

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**Your/the applicant's details** – Please complete all sections marked \*

Title *	
First Name *	
Last Name *	
Any former names	
Date of birth *	
Email address	
Phone number *	
Mobile phone number	
Work phone number	

**Do you have a fixed address?**

If yes – Address line 1 *	
Address line 2	
Town/City *	
County *	
Postcode *	
How long have you lived at this address?	

**Please give details of your partner, parents, children or other significant family member or friends**

Name	Date of birth	Relationship

**Do you have any communication requirements which would help us to deal with your application? \***

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**Referral details - Are you referring yourself? \***

If yes, please include your contact number	
If no, Referral organisation	
Name of referrer *	
Address *	
Email address	
Phone number *	
Is the applicant aware of this referral? *	

Are you expecting a baby?	
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### Special mobility requirements

Do you/ the applicant have any special mobility requirements for your accommodation? * Yes/No
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If yes, please give details
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### Current Support

Do you/the applicant receive support from any of the following? Please select all that apply

- Social Services
- Mental Health Services
- Probation/Youth Offending Service
- Drug Intervention Programme
- Other Support Service

Please provide details of contact, organisation and contact details:
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**Have you/the applicant been assessed under or are you subject to any of the following?**

- Care Programme Approach
- Multi Agency Public Protection Arrangements (MAPPA)
- Multi Agency Risk Assess Conference (MARAC)
- Criminal Behaviour Order
- Mental Health Act

**Which of the following services would you/the applicant benefit from?  
Please tick all that apply**

- Support with income/money
- Support with finding training, education, work-like activities (e.g. work experience, voluntary work)
- Support with relationships with family, friends
- Support/advice with physical health
- Support regarding alcohol or drug misuse
- Support to reduce risks to others
- Advice regarding assistive technology/aids and adaptations
- Support regarding self-harm
- Support with transport/travel
- Support to obtain paid work
- Support to participate in leisure, cultural, faith activities
- Support with finding social/leisure activities
- Support/advice with mental health
- Support to reduce risks from others
- Support regarding offending behaviour
- Support with setting up and maintaining permanent accommodation
- Support to have more involvement in the community
- Support/advice on parenting skills and childcare

**Please choose any of the following if you believe you have an issue, or if there has been an issue in the past.**

- Anger/violence (physical or verbal; people, animals, property)
- Alcohol and Drug use
- Anti-Social Behaviour (e.g. vandalism, loud music/noise, neighbour nuisance)

- Arson
- Criminal Behaviour
- Difficulties with concentration including ADHD
- Learning Disability including Autistic Spectrum Conditions
- Mental Health Issues (e.g. self-harm, eating disorders, anxiety, depression, suicidal feelings)
- Vulnerability to other people
- Blind/Visually Impaired
- Deaf/Hard of hearing
- Wheelchair user
- Unseen impairment (e.g. dyslexia, diabetes, HIV, arthritis etc.)
- Anything else, please specify

## Customer Questionnaire

We would like to know more about you to help improve our services and ensure we treat all our customers fairly. This information is not compulsory and will not affect your application.

Would you like to complete our customer questionnaire? \* Yes/No

Please select the option that best describes your ethnic origin.

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian
- British White
- British White
- Irish White
- Irish Traveller
- Roma Gypsy
- Other White
- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed
- Caribbean

- African
- Other Black
- Arab
- Other
- Prefer not to say

**Please state your nationality**

**What is your gender?**

- Male
- Female

**Have you ever served in the British regular armed forces?**

- Yes
- No
- Prefer not to say

**Before submitting your application, you must declare any connections to CHS Group. If 'yes' to any of the following, please provide details in the box provided.**

Do you work/volunteer or have you worked/volunteered for CHS Group? \*

- Yes
- No

Are you related to someone who works/ has worked for CHS Group? \*

- Yes
- No

Are you or have you been a Committee Member? \*

- Yes
- No

Are you a relative of a current or previous Committee Member? \*

- Yes
- No

The information given in this application is correct and I will inform CHS Group of any relevant changes. I understand that if I knowingly give false or misleading information I may lose any housing/support service offered to me, and that it is CHS Group policy to seek eviction of anyone giving false information to obtain a tenancy. I agree that CHS Group can seek information from current or previous landlords or other relevant agencies about me.

When I apply for housing with another social landlord in future, I understand that CHS Group may be asked to give a reference about any tenancy I have held with them. I am aware that the reference would include details of rent payments and any breaches of the tenancy agreement, including anti-social behaviour. I agree that CHS Group can share such information with other social landlords for this purpose.

Data Protection Statement: In order to assess your application and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law and will be kept safe and secure.

Please note we may share personal data with relevant departments within the organisation; sometimes we collect personal data for one service and need to use it to give you another service. We may also use it for prevention and detection of fraud. We will not share it with other organisations without your knowledge, unless we are required by law to do so.

By submitting this form, you are consenting to CHS Group processing your personal data.

Confirmation\*

- By ticking this box, I confirm that I understand and agree to all of the above