



Needs Assessment and Application for Supported Accommodation
Doncaster YMCA, 31 Wood Street, Doncaster, DN1 3LH (01302) 342148
Registered Charity Number 250973 Registered Housing Association Number H3639

YMCA Use Only

YMCA Application Number	Application Received	Interview Date

The YMCA provides supported accommodation for young single people between 16 and 30 years. If you would like to apply, please fill this form out clearly. If you find this form difficult to understand, please speak to a member of staff.

Personal Details

Title	First Name(s)	Surname	Telephone Number
Date of Birth	National Insurance Number	Marital Status Single/Married/Other	

Name of the person completing the form if different from above	
Referral agency if relevant	

How should we contact you to discuss your application? Please give us a telephone number or address where we can get in touch; this information is very important for us to be able to deal with your application quickly.

Please give details of the accommodation you have had in the last three years				
Address	From	To	Type of Accommodation	Reason for leaving

In emergencies, we may need to contact your next of kin. Please supply us with their details below.

Name	Relationship (Parent, Aunt, Brother etc)
Address	Telephone Number
Postcode	

Please provide details of any professionals who you've had support from now or in the past

Worker		Name	Address	Telephone Number
Probation Officer	Yes/No			
Youth Offending Officer	Yes/No			
Social Worker	Yes/No			
Keyworker/Case Worker	Yes/No			
Support Worker	Yes/No			
Teacher or Tutor	Yes/No			
Advocacy Worker	Yes/No			
CPN	Yes/No			
Counsellor	Yes/No			
Connexions Advisor	Yes/No			
Jobcentre Advisor	Yes/No			
Other	Yes/No			

Have you lived at Doncaster YMCA before?	If you've lived at another YMCA before, please say where.

Please give a brief summary of your support needs and why you are applying for Supported Accommodation.

Support Needs : Economic Well Being

Are you currently receiving any of the following?

	Active Claim	Claim Stopped / Refused	Amount
Housing Benefit	Yes / No	Yes / No	£
Incapacity Benefit	Yes / No	Yes / No	£
JSA (Contribution based)	Yes / No	Yes / No	£
JSA (Income Based)	Yes / No	Yes / No	£
Any other income			£

Do you have any debts?

	Company	Amount
Telephone / Mobile		£
Rent		£
Crisis Loan		£
CSA		£
Other		

Do you have any of the following?

Experience of Paid Work	Yes / No	Experience of Voluntary Work	Yes / No
An NVQ Level 1	Yes / No	An NVQ Level 2 or higher	Yes / No
Another qualification	Please say what this is	Support with finding Employment	Please say who from

Do you have any difficulties with reading?	Yes / No
Do you have any difficulties with writing?	Yes / No

Support Needs : Enjoy and Achieve

Do you take part in any hobbies, activities or faith events?

What sort of things would you like to take part in during your spare time?

Do you need any support to keep in touch with family or friends?

Support Needs : Be Healthy

Have you ever used any of the following drugs? Please mark all that apply

	Use Currently	Used within the past 6 months	Used 6 months to a year ago	Used over a year ago
Cannabis				
Heroin				
Ecstasy				
Cocaine				
LSD				
Ketamine				
Magic Mushrooms				
Solvents				
Speed				
Methadone				
Blockers/Detox				
Legal Highs				
Other				

How much do you spend on drugs weekly?				
£0		£0-£10	£10-£20	£20+

Do you want to stop using drugs?	Yes / No
Are you currently receiving support to stop using drugs?	Yes / No
If yes, who are you receiving support from?	

How many units of alcohol do you drink each week (on average)?			
0 to 5 Units	5 to 15 Units	15 to 25 Units	25+ Units

Are you currently receiving support with reducing drinking?	Yes / No
If yes, who are you receiving support from?	

Are you registered with a doctor?	Yes / No
Are you registered with a dentist?	Yes / No
Are you pregnant?	Yes / No
Do you smoke?	Yes / No

Do you have any known allergies?	Yes / No
Do you have any learning difficulties?	Yes / No
Do you have any other health concerns?	Yes / No
If you've answered 'Yes' to any of the points in this block, have these been diagnosed by a medical professional?	Yes / No

Do you suffer from any mental health problems?			
Depression	Yes / No	Self Harm	Yes / No
Trouble Sleeping	Yes / No	Schizophrenia	Yes / No
Anxiety/Panic attacks	Yes / No	Other	

Have you ever been referred to a CPN (Community Psychiatric Nurse) or a Mental Health Nurse?	Yes / No
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Support Needs : Stay Safe

		Please use this column to give details
Do you currently have a Probation / Youth Offending order?	Yes / No	
Are you currently paying court fines?	Yes / No	
Are you expecting to be in court at any time in the future for an offence already committed?	Yes / No	

Do you ever have problems controlling your temper?	Yes / No
Do you have any issues with bullying from others?	Yes / No

Are there any other areas where you have support needs?

Is there anything else that you would like to add to your application?

Please provide the name and contact details for at least two people who are able to provide a reference for you. At least one of these must be from someone you know in a professional capacity. This could be a landlord, employer, Social Services, Probation Officer or any other appropriate professionals that you have had recent contact with.

Professional Reference One	Professional Reference Two
<p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>How does this person know you?</p>	<p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>How does this person know you?</p>

Professional Reference Three	Personal Reference
<p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>How does this person know you?</p>	<p>Name</p> <p>Address</p> <p>Telephone Number</p> <p>How does this person know you?</p>

For monitoring purposes only, please mark one box that best describes your Ethnic origin.

Black or Black British		White		Roma or Traveller	
Caribbean		White British		Roma	
African		White Irish		Irish Traveller	
Other		Other		Other	
Asian or Asian British		Dual Heritage		Chinese	
Indian		Black Caribbean & White		Other (please state)	
Pakistani		Black African and White			
Bangladeshi		Asian and White			
Other		Other			

For monitoring purposes only, please mark the box which best describes your nationality.

UK National resident in the UK		UK National returning from residence overseas		Czech Republic	
Estonia		Hungary		Latvia	
Lithuania		Poland		Slovakia	
Slovenia		Other EEA Country		Other country (please specify below)	

Please mark which of the following best describes your current accommodation.

Council Accommodation		Prison/YOI		Housing Association Accommodation	
Bail Hostel		Bed and Breakfast		Night Shelter	
Privately Rented Property		Supported Accommodation		Staff Accommodation	
Hostel		NASS Accommodation		Mobile Home/Caravan	
Living with Family		Women's Refuge		Living with Friends	
Children's Home/Foster Care		Rough Sleeping		Foyer	
Hospital		Other (please state)			

Do you consider yourself to have a disability?	Are you registered disabled?	Do you require accommodation for use by wheelchairs?

What is the main reason for leaving your last accommodation?

To move to independent accommodation		To move to supported accommodation		To move nearer to work	
To move nearer to friends/family/college		Can't afford rent or mortgage		Accommodation in poor condition	
Accommodation unsuitable due to illness/disability		Accommodation overcrowded		Problems with neighbours	
Racial Harassment		Non Violent relationship breakdown (with partner)		Domestic violence	
Eviction or repossession		End of assured short hold tenancy		Left home country as a refugee	
Discharged from prison/hospital or other long stay institution		Non violent relationship breakdown (with family)		Asked to leave by family or friends	
Harassment other		Financial Difficulties		Other (Please state)	

What is your current employment status? Please mark all that apply below.

Full time work (30 hours or more per week)		Part time work (Less than 30 hours per week)	
Government training/New Deal		Job Seeker's Allowance	
Not Seeking Work		Full time student	
Unable to work due to long term sickness or disability		Other (please specify)	

What is your fortnightly income?	How much rent do you pay?	Do you have any savings or own any property?

How did you find out about supported accommodation at Doncaster YMCA? Please mark one of the following

Doncaster Council Homeless Section		Police/Probation/Prison	
Social Service		Youth Offending Team	
Community Mental Health Team		Health Service	
Voluntary Agency or a Charity		Friends/Family	
Hostel		Other (please specify)	

Declaration

All of the information provided on this form is true and complete. I will tell Doncaster YMCA straight away if there are any changes. I understand that any false information I give can affect my application.

I understand that the information given as part of this application, and information provided or disclosed by myself or others later, will be stored by Doncaster YMCA whether or not my application is accepted.

If I am offered a supported accommodation place, I understand that information about my support needs and progress, rent, finances, and matters related to the accommodation will be stored by Doncaster YMCA and that data relating to my support provision may be provided to Doncaster YMCA’s funders.

I understand that this is an application to take part in a programme of structured support, and I am willing to take part fully in that support, including attending a weekly keywork session and working towards agreed goals.

Signature	Date

When you have completed this form, please return it to:

Supported Accommodation Applications
Doncaster YMCA
31 Wood Street
Doncaster
DN1 3LH

Our application process takes around four weeks to complete.

Our first step is to find references for you. We will then invite you for an interview and discussion about the support service.

After your interview, we will contact you to let you know whether you’ve been placed on our waiting list.

You can contact us during office hours to check how your application is coming along.

If you feel that we have not handled your application fairly and properly, please write to

Appeals, Doncaster YMCA, Wood Street, Doncaster, DN1 3LH

Client Name	
Date of Birth	
Current Address	

This sheet is an essential part of your application.

In order to assess your need for Supported Accommodation, and for us to monitor your progress once you move on from the YMCA, we will need to request information from professionals who know you well, your past, present and future landlord(s) and anyone else who may be able to advise on your support needs.

We therefore need you to complete the two boxes above and sign the declaration below.

Consent for References and Move-On Information

I, the above named person, have applied for Supported Accommodation at Doncaster YMCA and have been asked to supply information about possible referees and other professionals who know me through their service.

I therefore give my consent for relevant information to be released to Doncaster YMCA, at their request, to enable them to complete a full background check.

I also understand that, for a period of up to one year after leaving Doncaster YMCA (which will be no later than three and a half years after the date of below), Doncaster YMCA may request information on my new accommodation and support provision, including personal information relevant to the monitoring of their services.

I therefore request that, should Doncaster YMCA request this information from future landlord(s), support provider(s) or other professional(s), that this is provided with them in order to evidence the service.

I appreciate your co-operation and would like to thank you in advance.

Signed

Date