

Note to the Local Authority:

PLEASE READ THIS AND PUT A COPY OF THIS DOCUMENT ON MY HOMELESSNESS FILE

**If you do not want to read or keep a copy of this document on my file,
please write your name and reason here and return the form to me:**

Your name:	
Your reason:	

MY REQUEST FOR ASSISTANCE TO SOCIAL SERVICES FOR HELP WITH ACCOMMODATION AND SUPPORT UNDER THE CHILDREN ACT 1989

The local authority I am asking for help from is:

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My details

My name is:	
My date of birth is:	
My contact address is:	
My contact telephone number is:	
My e-mail address is:	
I give you permission to share information about my request for help with the following people:	

My communication needs		Please tick:
I have difficulties understanding written and spoken English and will need an interpreter		
My language is:		
I have difficulties reading and writing		
I have other communications difficulties		
These are:		

My household

The children and people who need to live with me are:		
1. Name	Date of birth	Relationship to me
Health problems/special needs		
2. Name	Date of birth	Relationship to me
Health problems/special needs		
3. Name	Date of birth	Relationship to me
Health problems/special needs		
4. Name	Date of birth	Relationship to me
Health problems/special needs		

5. Name		Date of birth	Relationship to me
Health problems/special needs			
6. Name		Date of birth	Relationship to me
Health problems/special needs			
7. Name		Date of birth	Relationship to me
Health problems/special needs			
8. Name		Date of birth	Relationship to me
Health problems/special needs			
9. Name		Date of birth	Relationship to me
Health problems/special needs			

I am asking for help with the following

Accommodation

I need help with accommodation because:	Please tick:
We are or will be street homeless tonight	
We are homeless and have nowhere stable to stay	
We have a home, but it is not safe for us to stay	
We are not homeless yet but have been asked to leave and expect to be homeless	

Financial support

I need financial support because:	Please tick:
We have no money and cannot meet our essential needs	
We have some money, but it is not enough for us to live on	

Urgency

	Please tick:
I need urgent help today	
I do not need help today	
But I will need help in... (please write in how many days/weeks/months you need help)	
I or my children have special needs that I need the local authority to consider when deciding what accommodation and assistance to offer me. These are:	

My immigration status

		Please tick:
1. I know my immigration status		
My immigration status is:		
I do not know my immigration status		
2. I know my children's immigration status		
My children's immigration status is:		
I do not know my children's immigration status		
3. I am able to leave the UK and would like help from Social Services to leave		
4. I am unable to leave the UK		
This is the reason why I am unable to leave the UK:		

Any other information

The people who you may want to gather information from as part of your enquiries into my homelessness application and who I am happy for you to contact are:

Name/Organisation (if applicable)	Contact info (if known)

Any other relevant information

[Empty rectangular box for providing additional information]

My Homelessness Advice Record

I am keeping this record so that I can keep track of who I have spoken to, what advice and help I have been given and when.

Please record here your name, the date, and what action you have taken or advice you have given me.

(Even if you do not want to write anything further please still confirm to me your name and write it down for me and record the reason why you do not want to complete this record).

Please give this sheet back to me.

Date	Name (and organisation, if applicable)	Action/Advice

My Homelessness Advice Record cont.

Date	Name (and organisation, if applicable)	Action/Advice

My Homelessness Advice Record cont.

Date	Name (and organisation, if applicable)	Action/Advice