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:		
SERVICI SUPPOF LEAVER	ES FOF RT AS A AGED	FOR ASSISTANCE TO SOCIAL R HELP WITH ACCOMMODATION AND A 16 OR 17-YEAR-OLD OR AS A CARE UNDER 21 asking for help from is:
My detai	Is	
My name is:		
My date of bi	rth is:	
My contact a	ddress is:	
My contact to number is:	elephone	
My e-mail add	dress is:	
I give you pe to share info about my req help with the people:	rmation uest for	

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:		

# I am asking for help with the following Accommodation

I need help with accommodation because:	Please tick:
I will be street homeless tonight	
I am homeless and have nowhere stable to stay	
I have a home, but it is not safe for me to stay	
I am not homeless yet but have been asked to leave and expect to be homeless soon	
I am living in asylum support accommodation	

### **Financial support**

I need financial support because:	
I have no money and cannot meet my essential needs	
I have some money but it is not enough for me to live on	
I am only provided with asylum support	

#### **Urgency**

orgency		
		Please tick:
I need urgent help to	oday	
I do not need help to	day	
But I will need help in (please write in how many days/weeks/months you need help)		
Special acco	ommodation needs	
•	that I need the local authority consider when deciding what assistance to offer me	
The special needs I have are these:		
	I am asking Social Services to help:	I
I am under 18		
least 13 weeks since	ras accommodated by Social Services after my 16th birthday and for at e the age of 14	
Care Duties – even birthday and for 13 v	think that I should be treated as a young person who is owed <b>Leaving</b> though I was not accommodated by Social Services after my 16 <sup>th</sup> veeks since turning the age of 14 (for example if it was Social Services you not to qualify for Leaving Care Duties)	
The reason why I should be treated as young person who is owed Leaving Care Duties:		

# My immigration status

		Please tick:	
1.I know my immigra	ation status		
My immigration status is:			
I do not know my im	I do not know my immigration status		
I am able to leave the UK and would like help from Social Services to leave			
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				

#### 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