

MY REQUEST FOR ASSISTANCE TO SOCIAL SERVICES FOR HELP WITH ACCOMMODATION AND SUPPORT UNDER THE CARE ACT, MENTAL HEALTH ACT, or LOCALISM ACT

PLEASE READ THIS AND PUT A COPY ON MY SOCIAL SERVICES 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:

Your name:	
Your reason:	

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 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:
I am or 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	

Financial support

I need financial support because:	Please tick:
I have no money and cannot meet my essential needs	
I have some money, but it is not enough for me 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)	

Special accommodation needs

I have the following needs that I would like you to take into account when considering what type of accommodation is suitable for me:	
The needs I have are these:	

My immigration status

		Please tick:
I know my immigration status		
My immigration status is:		
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

[Empty rectangular box for providing additional information]

My care needs

		Please tick:
I have physical and mental health problems		
These problems are the following:		
These cause me the following problems:		Please tick:
Shopping for food, cooking or preparing meals, remembering to eat or making sure that I look after myself by making sure I have healthy meals		
Keeping myself body, hair, teeth and nails washed and clean, remembering to do this, or making sure that I look after myself by keeping myself clean		
Getting to the toilet and avoiding accidents		
Shopping for clothes, dressing, washing my clothes; remembering to do this, or making sure that I look after myself by being appropriately dressed		
Being able to move around my home without risk of falls, use the things in my home safely (e.g. cooker, kettle, toaster), making sure that I keep myself safe by locking the doors, only let in visitors who are safe for me and avoiding problems that may cause me to lose my home		
Keeping my home clean and tidy by doing housework tasks and remembering or making sure that I look after myself by doing so		
Keeping in touch with family, friends and people who can support me or meeting new people		
Getting into work, training, education or volunteering or keeping up these activities		
Getting around outside my home by walking or public transport and using services in the community such as the GP or other medical services, social and support groups, libraries and other organisations that would be helpful for me in my everyday life		
Looking after my child or a child that I care for		

My contact with mental health services

		Please tick:
I have been detained by mental health services in hospital in the past under:		
Section 2		
Section 3		
An order transferring me to hospital by a court		
An order transferring me to hospital by a prison		
I have been in hospital, but I am not sure about whether I was detained		
The last hospital where I was detained is:		
I have never been detained in hospital by mental health services		

My human rights

If I am not helped by the Council	Please tick:
I have no one else who can help me	
I will be street homeless	
I will have nowhere safe to stay	
I will not have enough money to buy food and meet my essential living needs	
My mental or physical health will get worse	
I will be at particular risk of harm from other people	
I will be at risk of harm from myself	

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