

**SELF-REFERRAL FORM**

**Please complete this form as accurately and in as much detail as you can. The information you provide will help us to find the right accommodation and support for you. Once complete, please send to** **referrals@arcinspire.co.uk** **or post/drop off to 7 The Crescent, Taunton TA1 4EA**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Contact Number |  | Gender |  |
| Email Address |  | National Insurance Number |  |

|  |  |
| --- | --- |
| Do you have a local connection to the area? | Yes / No |
| If yes, please explain: |

|  |
| --- |
| Are you currently: (Please tick) |
| Homeless (Rough Sleeping) |  | Living in a Council Property |  |
| Homeless (Sofa Surfing) |  | Living in Housing Association Accommodation |  |
| Living in Supported Housing |  | In Private Landlord Accommodation |  |
| Living with Family |  | Other |  |

|  |  |
| --- | --- |
| How long have you been homeless for? |  |
| If you are not already homeless, when do you expect to become homeless? |  |

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| --- |
| Please give the reasons you are homeless: |

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| --- |
| Previous accommodation details: |
| Date From | Date To | Type and Location of Accommodation | Reasons for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Income**

|  |  |
| --- | --- |
| Are you currently claiming any benefits? | Yes / No |
| If yes, please state what you are claiming: |
| Date of next payment: |

|  |  |
| --- | --- |
| Do you have any debts / rent arrears? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Do you have any savings? | Yes / No |
| If yes, please give details: |

**Health and Support Needs**

|  |  |
| --- | --- |
| Do you have any physical health or accessibility needs? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Do you have a history of, or any current mental health issues? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Do you have a history of, or current substance misuse? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Do you have a history of violence or aggressive behaviour? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Do you have any history of Criminal Offending or Custodial Sentences? | Yes / No |
| If yes, please give details: |

|  |  |
| --- | --- |
| Are you engaging with Social Services? | Yes / No |
| If yes, please give details: |  |

|  |  |
| --- | --- |
| Are you engaging with any Support Services? | Yes / No |
| If yes, please give details: |  |

|  |  |
| --- | --- |
| Are you registered with a GP? | Yes / No |
| If yes, which practise are you registered with? |  |

|  |  |
| --- | --- |
| Are you on any medication? | Yes / No |
| If yes, please give details: |  |

|  |  |
| --- | --- |
| Do you have any pets? | Yes / No |
| If yes, please give pet’s details: |  |

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| --- |
| **Any Other Information.**Please give any other information which you think may help us to find the right accommodation and support for your needs: |