

HOUSING ON WELFARE/SOCIAL GROUNDS

Strictly Confidential

Please give the following details to support the application for housing on welfare/social grounds.
Please refer to the enclosed guidance notes for assistance in completing this form.

1 Name of first housing applicant:

Present address:

Details of those included on the application who need settled accommodation on welfare/social grounds.

2 Full name: Date of birth:
Full name: Date of birth:

3 Why do the above need settled accommodation?

4 Please tick if anyone needing settled accommodation on welfare/social grounds is known to the following organisations.

- | | |
|--|---|
| <input type="checkbox"/> Social Services Department | <input type="checkbox"/> Housing Officer - (Registered Social Landlord) |
| <input type="checkbox"/> Education Welfare Officers | <input type="checkbox"/> Ethnic Minority Advocacy Group |
| <input type="checkbox"/> Probation Service | <input type="checkbox"/> Police |
| <input type="checkbox"/> Community Mental Health Team | <input type="checkbox"/> Health Visitor |
| <input type="checkbox"/> Community Drug & Alcohol Team | <input type="checkbox"/> Voluntary organisation |

5 Please give details of any support that is being provided
(continue on a separate sheet if necessary):

6 What type of support will you need if you are re-housed? (please tick)

- Careline alarm Sheltered Housing Live-in carer Adaptations for disability
 Dialysis treatment Help in setting up a new home Other (please describe below)

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7 If an organisation ticked at paragraph 4 would be willing to support the housing application, please give the following details:

Name of organisation:
Address:
Telephone:
Name of contact:

Name of organisation:
Address:
Telephone:
Name of contact:

8 If you have completed this form on behalf of a housing applicant, please sign below.

Signature:	Date:
Name:	Telephone:
Relationship:	

9 DECLARATION

I confirm that the information I have given on this form is correct. I am aware that if I have given false information, my housing application will be deferred for 2 years

Signed: _____ Date: _____

<p>The person(s) mentioned at paragraph 2, or someone entitled to act on their behalf, should now sign an 'Authority to Obtain Information' shown opposite. Only one authority should be signed for each person.</p>

Please return this form to:
**Housing Needs Section, Housing Services, Ground Floor,
Civic Centre, 44 York Street, Twickenham TW1 3BZ**

Authority to Release Information

(This form must be signed only by a person shown at paragraph 2 on the front page
or by someone entitled to sign on their behalf)

Name of person needing settled accommodation on welfare/social grounds

DO NOT DETACH

"I am included on an application for rehousing which has been made through the Richmond Housing Register. I would like my welfare/social needs to be taken into account when my housing needs are assessed.

I am willing for all my relevant personal details, including my history, care plan and medical needs, to be shared with Richmond Council's Housing Services Department who have agreed to treat this information in confidence"

Signed: _____ Date: _____

For or on behalf of (complete if appropriate) _____



Authority to Release Information

(This form must be signed only by a person shown at paragraph 2 on the front page
or by someone entitled to sign on their behalf)

Name of person needing settled accommodation on welfare/social grounds

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Signed: _____ Date: _____

For or on behalf of (complete if appropriate) _____

Please contact us if you need this document in Braille, large print, audio tape, or another language

Housing Provision

Civic Centre, 44 York Street, Twickenham TW1 3BZ

Phone: 020 8891 7872/8831 6444

Minicom: 020 8891 7423

Website: www.richmond.gov.uk

If you have difficulty understanding this booklet please visit Reception at the address below where we can arrange a telephone interpreting service.

Albanian

Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

Arabic

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Bengali

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

Farsi

اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Gujarati

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઇન્ટરપ્રિટીંગ સેવાની ગોઠવણ કરી આપીશું.

Panjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Urdu

اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبالیے پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹرپرائیٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔