



## Exempt Supported Accommodation Referral Form

### Important Information

This form collects information that Unity Support & Housing Group Ltd requires to understand the housing needs of the person being referred for exempt supported accommodation. Please ensure every question is answered and supporting documentation is provided where requested. The application form must be signed or verified by a local authority professional from the referring department.

Please return completed form to: **Unity Support & Housing Group Ltd**  
Unit 1 Park Lane Business Centre | Park Lane | Nottingham NG6 0DY  
Email: [info@unitysupportandhousing.org.uk](mailto:info@unitysupportandhousing.org.uk) | Tel: 07494 150 123

### PART ONE: Name, Address and Contact Details

1. Prospective tenant's name:

2. Date of birth (DD/MM/YYYY):

3. National Insurance number:

4. Is the prospective tenant:

Male

Female

Other

5. Previous address:

6. Type of accommodation moving from:

A private tenancy

Social tenancy

Supported / exempt accommodation

Living with family

Residential school

A hostel

Designated temporary accommodation

Residential care

Long stay hospital

Other

7. Contact telephone (person making referral):

8. Name of person submitting application:

9. Relationship to prospective tenant:

Tenant / appointee email address:

## PART TWO: Housing Requirements

### 10. At risk of homelessness or deadline to move?

- Yes  No

If yes, by what date (DD/MM/YYYY):

11. Which area/town is accommodation required?

### 12. Is the applicant able to live with other people?

- Yes, only with males  Yes, only with females  
 Yes, with males or females  No

### 13. What features are required?

- Wheelchair accessible  Level access  
 A bedroom for overnight staff  Detached accommodation

### 14. Any further essential requirements:

|  |
|--|
|  |
|--|

### Section 117:

- Yes  No

## PART THREE: Reason for Leaving Current Property

### 15. Primary reason for leaving:

- Safeguarding concerns  Domestic abuse / violence  
 Risk of harm from others  Anti-social behaviour (victim)  
 Property unsuitable for needs  Eviction / loss of tenancy  
 Homelessness / no fixed abode  Hospital discharge  
 Leaving care / institutional setting  Neighbourhood safety concerns  
 Overcrowding  Other (specify below)

### 16. Further details about reasons for leaving:

|  |
|--|
|  |
|--|

### 17. Active safeguarding referral or investigation?

- Yes  No

18. If yes, lead safeguarding professional:

### 19. Has a risk assessment been completed?

- Yes  No

DOCUMENT REQUIRED (where available): Please attach any safeguarding referral, risk assessment, or relevant reports.

## PART FOUR: Support Requirements

### 20. Diagnosed learning disability or mental health condition?

- Yes  No

### 21. If yes, what is the diagnosis?

### 22. Is the prospective tenant able to read and/or write?

- Yes  No

### 23. Information in particular format?

### 24. Is overnight care required?

- Yes  No

### 25. If yes, what sort?

- Sleeping staff  Waking night staff  I don't know yet

### 26. Which local authority funds the care?

### 27. Social worker contact details:

Name:

Telephone:

Email:

### 28. Organisation / person providing care:

### 29. Proposed care package (hours):

### 30. Does the tenant need help with any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Applying for welfare benefits | <input type="checkbox"/> Keeping their home safe     | <input type="checkbox"/> Paying utility bills         |
| <input type="checkbox"/> Paying TV licence             | <input type="checkbox"/> Cooking                     | <input type="checkbox"/> Keeping home clean           |
| <input type="checkbox"/> Making a complaint            | <input type="checkbox"/> Understanding tenant rights | <input type="checkbox"/> Reporting maintenance faults |
| <input type="checkbox"/> Getting on with neighbours    | <input type="checkbox"/> Weekly shopping             | <input type="checkbox"/> Managing money               |
| <input type="checkbox"/> Arranging contents insurance  | <input type="checkbox"/> Maintaining garden          |   |

### 31. History of tenancy issues:

*Non-payment, noise complaints, ASB, damage. Include criminal convictions. Note: Schedule 2, Part II of the Housing Act 1988 states that landlords may seek possession if induced to grant a tenancy by false statements.*

## PART FIVE: Mental Capacity

### 32. Sufficient mental capacity for tenancy agreement?

- Yes  No

*DOCUMENT REQUIRED: Mental Capacity Assessment*

### 33. If lacking capacity, who will sign?

- Court Appointed Deputy  Court appointed Power of Attorney

### Name and contact details:

*DOCUMENT REQUIRED: Order from the Court of Protection*

### 34. Who manages the tenant's finances?

- Tenant  Local Authority  Support Provider  
 Court Appointed Deputy  Power of Attorney  Other

### 35. Contact details (person managing money):

### 36. Severely Mentally Impaired for Council Tax?

- Yes  No

## PART SIX: Income and Benefits

### 37. Is the tenant in receipt of the following?

| Benefit                   | Amount/week | Date awarded |
|---------------------------|-------------|--------------|
| DLA Care Component        |             |              |
| DLA Mobility Component    |             |              |
| PIP                       |             |              |
| ESA                       |             |              |
| Income Support            |             |              |
| Severe Disability Premium |             |              |
| Universal Credit          |             |              |

### 38. DLA care component rate:

- Lower  Middle  Higher

### 39. Other benefits received or applied for:

### 40. Capital, savings or investments (approx):

*Note: If more than £16,000 saved, not eligible for Housing Benefit.*

### 41. Income other than welfare benefits?

- Yes  No

### 42. Currently claiming Housing Benefit?

- Yes  No

### 43. HB claim reference number:

### 44. Which local authority awarded HB?

## PART SEVEN: Consent to Share Information

### 45. Are you happy to share the following?

| Document / Information                  | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Welfare benefit award notifications     | <input type="checkbox"/> | <input type="checkbox"/> |
| Support plan                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing Benefit application information | <input type="checkbox"/> | <input type="checkbox"/> |
| Placement agreement                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirmation of diagnoses               | <input type="checkbox"/> | <input type="checkbox"/> |

## PART EIGHT: Other Information

### 46. Any further relevant information:

## PART NINE: Signatures and Declaration

### 47. I understand and agree with the following:

- Unity Support & Housing Group Ltd will use this information to determine whether it can offer exempt supported accommodation.
- Unity may use any information provided on this form in connection with this.
- Unity and the nominated care provider will share information relating to any tenancy issued.
- If inaccurate or incomplete information is provided, any housing benefit award may be restricted.

### 48. I declare that the information I have provided is correct and complete.

|                             |  |
|-----------------------------|--|
| Signature:                  |  |
| Print name:                 |  |
| Date (DD/MM/YYYY):          |  |
| Relationship to individual: |  |

### 49. Ethnicity (optional):

|  |  |
|--|--|
| If you wish to state the tenant's ethnicity: |  |
|--|--|

**This is the end of the form.**

*Thank you for completing this referral. Unity Support & Housing Group Ltd aims to review and respond within 5 working days.*