



**Please complete as much information as possible. Please see attached Guidelines for help**

S/C:

<b>1. Name of agency</b>	<input style="width: 100%;" type="text"/>				
<b>2. Agency office address</b> <i>(Where this form is being completed)</i>	<input style="width: 100%;" type="text"/>				
<b>3. In which local authority area did the person receive your advice/help? (Tick ONE only)</b>					
Ashfield District <input type="checkbox"/>	Bassetlaw District <input type="checkbox"/>	Broxtowe Borough <input type="checkbox"/>			
Gedling Borough <input type="checkbox"/>	Mansfield District <input type="checkbox"/>	Newark & Sherwood District <input type="checkbox"/>			
Nottingham City <input type="checkbox"/>	Rushcliffe Borough <input type="checkbox"/>				
Out of Nottinghamshire <input type="checkbox"/>	<i>(please specify)</i> _____				
<b>4. Name (Initials only)</b>	Forename <input type="text"/>	Surname <input type="text"/>	<b>Please try to get the information needed for questions 4, 5 &amp; 6 as it helps to avoid counting the same person twice</b>		
<b>5. Gender (Tick one)</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
<b>6. Date of Birth</b>	<input style="width: 50px;" type="text"/> day/month/year				
<b>7. Household type (Tick one of those listed below)</b>					
Single Person (No Children) <input type="checkbox"/>	Childless Couple <input type="checkbox"/>	Couple With Children <input type="checkbox"/>	Single Parent With Children <input type="checkbox"/>		
<b>8. If the person is part of a couple, please give the initials and date of birth of their partner and complete a separate form to record full details.</b>					
Date Of Birth:	<input style="width: 50px;" type="text"/>	Forename <input type="text"/>	Surname <input type="text"/>		
<b>9. How many children in each of the following age groups are also homeless with this household?</b>	0yrs – 4 yrs <input type="text"/>	5yrs – 10yrs <input type="text"/>	11yrs – 15 yrs <input type="text"/>	16/17 yrs <input type="text"/>	18yrs + <input type="text"/>
<b>10. Is a member of the household pregnant?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Possibly <input type="checkbox"/>		
<b>11. Has the client been homeless before? (If Yes, please go to 11a to state how many times they have been homeless). If No please go to Q12.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>		
<b>11.a How many times has the client been homeless?</b>	Once <input type="checkbox"/>	Twice <input type="checkbox"/>	3 Times <input type="checkbox"/>	More than 3 times <input type="checkbox"/>	
<b>12. Is the client a Refugee, Asylum Seeker or an Economic Migrant?</b>	Refugee <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>	Economic Migrant <input type="checkbox"/>	No <input type="checkbox"/>	

**13. Ethnic Origin** (Tick the box which the client feels most appropriate, but tick **ONLY ONE BOX**)

White: British

Asian/Asian British: Indian

White: Irish

Asian/Asian British: Pakistani

White: Other

Asian/Asian British: Bangladeshi

Mixed: White & Black Caribbean

Asian/Asian British: Other

Mixed: White & Black African

Black/Black British: Caribbean

Mixed: White & Asian

Black/Black British: African

Mixed: Other

Black/Black British: Other

Chinese

Gypsy/Traveller

Other (Please specify) \_\_\_\_\_

**14. Has the client ever been in the Care of the local authority as a young person?**

Yes

No

Don't know

**14a. If in Care, please state where**

Nottingham City

Nottinghamshire

Outside Nottinghamshire

**15. Does the client identify any support needs? (If Yes, please complete question 16. If No go to question 17)**

Yes

No

Don't Know

**16. If the client has any support needs, please indicate what these are: (Tick as many as apply)**

Physically Disabled

Learning Difficulties

Mental Health

Drug Abuse

Alcohol Abuse

Ex-Offender

Domestic Violence

Other (please specify)

**17. Where did the client spend the previous night? (Tick ONE ONLY)**

Parents' home

Grandparents' home

Other relative's home

Partner's home

Friend's home

Own home

B&B Lodgings

Hostel

Emergency bed

Social Services

Hospital

Custody

Slept Rough

Other (please specify)

(If the person slept rough please complete questions 18 and 19 below.)

**18. If the person slept rough the previous night, please indicate the approximate length of time they have been continuously rough sleeping? (Tick ONE ONLY)**

1 night

More than a night and up to 1 week

More than 1 week and up to 1 month

More than 1 month and up to 3 Months

More than 3 months and up to 6 Months

More than 6 months and up to 12 Months

More than 12 months.

Don't Know

**19. If the person slept rough the previous night, specify type of rough sleeping? (Tick ONE ONLY)**

Sleeping In The Open Air (e.g on the streets, in a doorway or bus shelter, in a park).

Sleeping In A Building/Structure Not Designed For Habitation (e.g barn, shed, car, derelict boat)

Squat

Don't Know

**20. With which local authority does the person have a connection for one or more of the following reasons (Tick as many local authority areas where one or more of these connection conditions apply):**

- Person has immediate family in area.**
- Person has lived in area for six of the last 12 months.**
- Person has lived in area for 3 of the last 5 years.**
- Person has employment in the area.**

Ashfield District

Bassetlaw District

Broxtowe Borough

Gedling Borough

Mansfield District

Newark & Sherwood District

Nottingham City

Rushcliffe Borough

Out of Nottinghamshire

**20a. What was the postcode of their last permanent address (complete the first part only):**

Postcode

   

na na na

Don't know

**21. Reason(s) for being homeless (Tick as many as apply):**

Parents no longer willing to accommodate.

Other relatives / friends no longer willing to accommodate.

Non-violent breakdown of relationship with partner

Violent breakdown of relationship with partner

Violent breakdown of relationship involving associated persons

Other forms of violence

Under 18 and witness to abuse/violence and can no longer cope

Racially motivated violence

Racially motivated harassment

Other harassment

LA rent arrears

Housing association/RSL rent arrears

Private sector rent arrears

Mortgage arrears

Assured short-hold termination

Other reasons for loss of tenancy

Leaving the HM forces

Leaving hospital

Leaving prison/custody

Leaving care

Drug use meaning client unable to access accommodation

Required to leave National Asylum Support Service Accommodation

Loss of tied accommodation

Other (please specify)

**22. What type of accommodation is the client asking for? (Tick as many as apply):**

Own house

Own flat

Own bedsit

Shared house

Supported housing

Lodgings

Other (please specify)

**23. Please indicate where client would be willing to live** (Tick as many as apply):

- |                        |                          |   |                          |                            |                          |
|------------------------|--------------------------|---|--------------------------|----------------------------|--------------------------|
| Ashfield District      | <input type="checkbox"/> | Bassetlaw District                      | <input type="checkbox"/> | Broxtowe Borough           | <input type="checkbox"/> |
| Gedling Borough        | <input type="checkbox"/> | Mansfield District                      | <input type="checkbox"/> | Newark & Sherwood District | <input type="checkbox"/> |
| Nottingham City        | <input type="checkbox"/> | Rushcliffe Borough                      | <input type="checkbox"/> |                            |                          |
| Out of Nottinghamshire | <input type="checkbox"/> | (If out of Notts, please specify) _____ |                          |                            |                          |

**24. Outcome Of Interview** (Tick as many as apply):

- |  |                          |                         |                          |                           |                          |                |                          |
|--|--------------------------|-------------------------|--------------------------|---------------------------|--------------------------|----------------|--------------------------|
| Permanent Accommodation                          | <input type="checkbox"/> | Temporary accommodation | <input type="checkbox"/> | Emergency accommodation   | <input type="checkbox"/> | General advice | <input type="checkbox"/> |
| Referral to other agency<br>(please name agency) | <input type="checkbox"/> | _____                   |                          | Other<br>(please specify) | <input type="checkbox"/> | _____          |                          |

**25. Where is the person likely to stay tonight?** (Tick ONE only):

- |                        |                          |                    |                          |                       |                          |
|------------------------|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|
| Parents' home          | <input type="checkbox"/> | Grandparents' home | <input type="checkbox"/> | Other relative's home | <input type="checkbox"/> |
| Partner's home         | <input type="checkbox"/> | Friend's home      | <input type="checkbox"/> | Own home              | <input type="checkbox"/> |
| B&B Lodgings           | <input type="checkbox"/> | Hostel             | <input type="checkbox"/> | Emergency bed         | <input type="checkbox"/> |
| Social Services        | <input type="checkbox"/> | Hospital           | <input type="checkbox"/> | Custody               | <input type="checkbox"/> |
| Sleeping Rough         | <input type="checkbox"/> |                    |                          |                       |                          |
| Other (please specify) | <input type="checkbox"/> | _____              |                          |                       |                          |

**ANY OTHER COMMENTS** (please include below if needed)