Please complete using black ink and in capitals

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| --- | --- |
| **If you are referring to KSS please complete below** |   |
| Name of your agency:Your name:Your email address:Your contact number: |  |
| **KSS Staff Details** |  |
| Name: Date: Time: |  |
| **If self-referring please tick here** |  |
| **Applicant’s Personal details:** |  |
| Name: |  |
| Telephone number: Is it safe to call/ text/ leave a voice message?  | Yes □ No □ |
| Date of birth:National Insurance Number: |  |
| Email address: |  |
| Does the applicant have a connection with the area[s] in which the refuge[s] are based? | Waltham Forest □ Brent □ |
| Faith/religion: |  |
| Ethnicity: |  |
| Sexual Orientation: |  |
| Preferred language and others spoken. To what extent the applicant speaks English? [to ascertain translation needs if required] |  |
| Does the applicant consider themselves to have a disability (state nature/ is additional equipment required to meet the applicant’s needs)? |  |
| **Applicant’s Immigration status:** |  |
| Nationality: |  |
| Visa Details if applicable:Date of Arrival in UK:Visa expiry date: |   |
| Proof of status seen / not seen? | Passport □ Home Office Letter: □ |
| **Benefits applicant may be receiving:** |  |
| Type: | Universal Credit □ Child Benefit □ Job Seekers Allowance □ Carer’s Allowance □ Tax credit [work/child] □ Personal Independence Payment □ Employment Support Allowance □National Asylum Seekers Support □ |
| Employed details if applicableName of employer:Work details: |  |
| Other source of income if applicable: |  |
| **Applicant’s Previous address**: |  |
| Fleeing from address: |  Postcode:  |
| Type of accommodation: | Owned □ Rented □ Temporary □ Refuge □  |
| Present address (Currently residing) |   Postcode:  |
| **To be completed if the applicant is currently a tenant:** |  |
| Type of tenancy: |  |
| Name on tenancy: |   |
| Has the applicant ever held a tenancy in their own name? In which area? When and why did the applicant leave? |   |
| Is the applicant currently in rent arrears?Does the applicant have a payment plan in place? If yes please provide details: | Yes □ No □Yes□ No □  |
| Has the applicant ever been evicted or had a property re-possessed? | Yes □ No □ |
| Has the applicant any current applications for housing with a local authority?If yes, state local authority: | Yes □ No □ |
| **To be completed if applicant has previously stayed in a refuge** |  |
| Name of refuge:Area:Details: |  |
| Were there rent arrears? | Yes □ No □ |
| Reason for leaving?[e.g. evicted/tracked by perpetrator/other] |  |
| **To be completed if applicant has children** | **[Continue on additional sheets if required – sign/case reference and date all sheets]** |
| Child 1: Name/DoB/Age/gender/ethnicityName of school/nursery if enrolled: |  |
| Child 2: Name/DoB/Age/gender/ethnicityName of school/nursery if enrolled: |  |
| Child 3: Name/DoB/Age/gender/ethnicityName of school/nursery if enrolled: |  |
| Child 4: Name/DoB/Age/gender/ethnicityName of school/nursery if enrolled: |  |
| Are the children joining the applicant?If no, who is responsible for them and where will they be living? | Yes □ No □ |
| Is the applicant pregnant? | Yes □ if yes, due date: No □ |
| Do any of the children have special needs? If so, specify details for each of the children who will be staying with applicant |   |
| Are any of the children on the Child Protection Register/ Child in Need? If so, provide details |  |
| Do any of the children have care orders?If so, provide details |  |
| **Details of the domestic abuse experienced by the applicant [record last incident; frequency; whether applicant has fled previously]** | **Note Harmful Practices if applicable: Female Genital Mutilation/Forced Marriage/Honour Based Violence and/or any other abuse such as sexual violence/coercion/financial exploitation/elder abuse** |
|  |  |
| Has the applicant been hospitalised due to domestic abuse?Details of Hospital with dates: | Yes □ No □ |
| Were the police involved? If so, provide date[s]/crime reference number[s] |  |
| Is a Non-Molestation Order in place? If so, state date granted and date of expiration  |  |
| Has/ is a MARAC been held/due in respect of the applicant? | Yes □ No □ |
| **Applicant’s medical history** | **NB. Kiran Support Services is unable to accommodate women with high support/dependency needs in its refuges** |
| How is the applicant feeling/coping? Detail any anxiety/depression or concerns the applicant may be experiencing and/or any diagnosed mental health needs |  |
| Has the applicant ever had any suicidal thoughts? |  |
| Has the applicant ever caused injury to themselves? E.g. cutting/substance abuse?  |  |
| Has the applicant ever caused harm to others? If so, provide details |  |
| Does the applicant currently have any physical health needs or injuries? If so, provide details and whether these are being treated and by whom |  |
| Is the applicant currently being prescribed or taking medication? If so, please detail the type and name and contact details of the prescribing doctor/clinic |  |
| Does the applicant have high support/dependency needs? If yes, consult a manager/ senior worker | Yes □ No □ |
| **Applicant’s legal history** |  |
| Has the applicant:Been charged with an offence A criminal record Spent time in prison If so, please provide additional details: | Yes □ No □Yes □ No □Yes □ No □ |
| **COVID Details** |  |
| ­­­­­­­­­­­­­­Do you have any of the following: Cough, cold, diarrhoea, sore throat, body pain, headache, temp over 37.8,tiredness or breathing difficulties? | Yes □ (If yes please state)No □ |
| Have you travelled in the past 14 days?Have you been recently asked to self-isolate?Have you had your two Covid vaccination? | Yes □ No □ (Please provide details)Date of travel:Country of travel:Yes □ No □Yes □ No □ |
| **END**Please email completed form to : **Info@kiranss.org.uk**Please use this space for any additional information. |
| **For Office Use Only** |
| Action taken by staff memberStaff name / Action:If refused, reason for refusal: |
| Applicant outcome: | Accepted □ Refused □Accepted but did not arrive □Advice/signposting given □No space available □ |
| Upload to LL | Date Uploaded:Staff Initials: |
| Source of Referral: | Web □Email □Telephone □ |

Please ensure that any additional sheets used each carry the case reference number/and are signed and dated by the person completing the form