



## ENQUIRY FORM - STRATFORD

**Stratford Single Homeless Accommodation Service  
24 Clopton Road, Stratford-on-Avon, CV37 6SH**

**Tel/Fax: 01789 290956**

**Email: [info@coventrycyrenians.org](mailto:info@coventrycyrenians.org)**

This form is to be used if you or a client you are working with wish to be considered for our Stratford Service. Please complete this form and send it to the address as detailed above. Alternatively an enquiry can be made over the telephone by calling the number above. We can provide you with a service leaflet but you can also visit our website at [www.coventrycyrenians.co.uk](http://www.coventrycyrenians.co.uk) for further details.

At times we do have a Waiting List. If this is the case then your enquiry will be point weighted so that those with the most points will be higher on the Waiting List. You will be informed by letter if you are placed on this list.

***Where you see areas on this form shaded grey, these are for Cyrenians use only.***

<b>Enquiring Agency</b>	
<b>Name of Worker</b>	
<b>Agency Contact Number</b>	
<b>Agency Fax Number</b>	
<b>Date &amp; Time of Enquiry</b>	

**Enquirer's Details** (The person needing support or accommodation)

<b>Full Name</b>	<b>D.O.B</b>
<b>Financial Status</b> (including whether the enquirer is entitled to public funds)	<b>NI No</b>
<b>Tel No</b>	<b>Gender:</b>
<b>Previous Contact with Cyrenians?</b> Which service & when?	<b>Client No.</b> (Cyrenians use only)

**Current Address, including housing status (e.g. tenant, living with family, friends etc) and for how long. If the Enquirer has no current address please give a “Care of” address where information can be sent to**

**Landlord’s Name and Contact Details**

**Current Accommodation** *(Please tick one option that best describes the accommodation)*

Rough Sleeping		50
Sofa Surfing		40
Prison		40
Temporary Accommodation (e.g. B&B, NASS)		30
Supported Housing (e.g. Stonham)		30
With family or friends		10
Social Landlord		00
Private Tenancy		00
Owned Property		00
Other <i>(Please Specify - Cyr Staff speak to Team Leader if discretionary points are needed up to a value of 50 points)</i>		

**Current Circumstances** *(Please tick one option that best describes the circumstances)*

No accommodation <i>(Rough Sleeping, sofa surfing etc)</i>		60
Escaping violence or harassment		60
Accommodation uninhabitable <i>(e.g. serious health and safety concerns, fire damage)</i>		60
Threatened with homelessness within 28 days		40
Leaving prison		30
Statutory Bail Condition <i>(e.g. area)</i>		30
Relationship breakdown		30
Accommodation unsuitable <i>(e.g. overcrowding, cannot cope)</i>		30
Support needed to sustain tenancy		30
Need to move closer to family/support		20
<b>Further information on Circumstances</b>		

**What issues does the client need support with?**

	20 points		5 points
Housing		Refugee	
Drugs		Developing Domestic Skills	
Alcohol		Access to Training/Education	
Mental Health		Literacy	
Self Harm		Community Involvement	
Physical Health		Claiming Benefits	
Debts/Budgeting		Developing Social Skills	
Gambling		Access to Work	
Sex Work		Other/Discretionary points	
Offending behaviour		(Please specify)	
Domestic Violence			
Anti Social Behaviour		<b>Total Points (Support Needs)</b>	
Learning Difficulties			

Each support need in the first column should be awarded 20 points. Each support need in the second column should be awarded 5 points. Where there is evidence of severity of a condition/support need Cyrenians staff should talk to the Team Leader about the possibility of adding discretionary points up to a value of 50 points

**Further Information on Support Needs**

**Are there any mental or physical health issues that should be taken into account?**

**Details of any medication?**

**Are you aware of any risk factors that should be taken in to account as part of the enquiry?** e.g. convictions. Continue on a separate sheet if necessary.

**Are any other agencies involved with the client? Please state the name of the agency, the name of the worker and their contact number**

**Any other information to assist in assessing the client? Please include here the names, gender and date of birth of any dependents who will be living with the client**

### **Equal Opportunities**

Some of this data will be used for our monitoring to ensure that all clients have equal access to our services and that we treat people fairly. It will also be used to ensure that we can make appropriate arrangements for any interview that may take place. We would be grateful if you could complete this section but it is voluntary and will not affect your application should you choose not to.

Does the Enquirer consider themselves to have a disability? **Y / N**  
If yes, then please specify and will special arrangements need to be made for the interview? \_\_\_\_\_

Is the enquirer fluent in English? **Y / N**  
If not, do they require information in other languages or formats? **Y / N**  
If not English, what language(s) are spoken or format needed? \_\_\_\_\_  
Is a translator or translation required? **Y / N**

#### **Ethnic Origin as defined by client**

- White  British  Irish  Other
- Mixed  White & Black Caribbean  White & Asian  
 White & Black African  Other
- Asian or Asian British  Indian  Pakistani  Bangladeshi  
 Chinese  Other
- Black or Black British  Caribbean  African  Other
- Arab  Other Ethnic Group  Gypsy, Romany, Irish Traveller
- Refused

#### **How does the client define their sexuality?**

- Gay   
Lesbian   
Bisexual   
Heterosexual   
Other   
Rather not say

#### **What is the client's religion?**

- None  Christian  Muslim  
 Buddhist  Sikh  Hindu  
 Jewish  Any other religion  
 Not Known  Does not wish to disclose

**Signed  
(Enquirer)**

**Name of Support Worker  
Completing Form**

<b>Time and date enquiry processed</b>	
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**Actions taken following the Enquiry (Cyrenians Staff only – tick when completed)**

<b>Service Information sent to enquirer’s nominated address</b>	
<b>Waiting list acceptance letter sent to enquirer’s nominated address</b>	
<b>Enquiry details added to the database</b>	
<b>Enquirer’s details added to the waiting list (If necessary)</b>	

**If it is necessary to add the client to a waiting list please add together the number of points achieved in the sections above to give the total point score.**

	<b>Points Scored</b>
<b>Current Accommodation</b>	
<b>Current Circumstances</b>	
<b>Support Needs</b>	
<b>Total</b>	

**If enquirer is signposted to another service, please give details**

**Residential:**

Accommodation offered      ( ) No    ( ) Yes      Licence Start Date: \_\_\_ / \_\_\_ / \_\_\_

Placed on waiting list      ( ) No    ( ) Yes      Date if yes \_\_\_ / \_\_\_ / \_\_\_

Accommodation address inc room number \_\_\_\_\_

If accommodation not offered, why? \_\_\_\_\_

**Floating support:**

Floating support offered      ( ) No    ( ) Yes      Commencement Date: \_\_\_ / \_\_\_ / \_\_\_

If floating support not offered, why? \_\_\_\_\_

**Action plan/pathway if support is not offered:**

\_\_\_\_\_

**Signed & Dated (Cyrenians Worker)** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Checked by Team Leader** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_