

Our Inclusion Plan

Your details

Forename:	Middle Name:	Surname:
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known/other
Age:	National Insurance Number:	
Sexual orientation: <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Gay / Lesbian	<input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Other	
Landline/mobile phone number:	Other phone number:	
Email:		
Current or most recent address:	Postcode:	

Did anyone refer you to us?

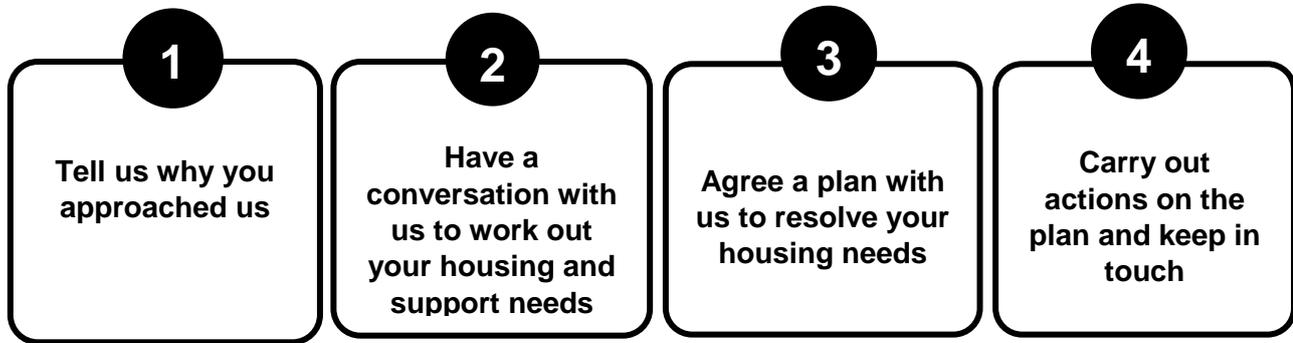
<input type="checkbox"/> Self-referral <input type="checkbox"/> Referral by a public body under the Duty to Refer <input type="checkbox"/> Referral by an agency that is not a public body subject to the Duty to Refer <input type="checkbox"/> Referral by another local authority (Local Connection referral)	Who was agency/public body/local authority that referred you?
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Office Use:

Date of approach:	Officer:	Tyne and Wear Homes reference:
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Our roles

We don't want anyone to become homeless in Newcastle. If you think you may become homeless or if you are homeless already, we want to help. To do this, we will work through the following steps:



Newcastle City Council's role

Our role is to help you stay in your current home. If this is not possible, we can also help you to find somewhere new to live.

Next, we would like to help you make your housing situation as stable as possible. We can offer support with benefits issues and money worries. We can also help you access services to help you overcome any other needs you may have.

Your role

Together, we will agree a plan to help resolve your housing needs. Your role is to work with us to create a plan that meets your needs.

The first step is to be open and honest with us about your situation. Next, we need you to work with us to follow the plan we have agreed together. We then need you to keep in touch with us and let us know about any changes in your circumstances which affect your housing situation. If you do not inform us about any changes we will be less able to support you.



Office Use

Screening

Initial Screening

HAC Database

Care First

Housing Benefit

Gateway

Tyne & Wear Homes
(Arbitas)

YHN
Northgate

Active Pending Suspended Ineligible

Screening Notes:



Initial Questions

**Tell us more about why you
approached us**

Date initial questions were completed:

____/____/____

Officer completing initial questions:



Initial Questions

Why have you approached us?

Do you need someone to come into the interview with you?

Do you need someone to come into your interview with you?

Yes

No

Please tell us who you would like to come in the interview with you and why:

Can you tell us about why you have approached us today?

(For office use) Please categorise the resident's reason for approaching us:

At risk of homelessness (longer than 56 days)

Threatened with homelessness (within 56 days)

Homeless

Requires general housing related advice

Please give details of the next steps you have taken to support the resident:



Initial Questions

Citizenship, ethnicity, and nationality

We need to know your citizenship status to determine how we can help you. Please tell us whether you are a:

- British or Irish citizen (habitually resident in UK, Ireland, Channel Islands, or Isle of Man, or deported from another country)
- European Economic Area (EEA) citizen
- Not a British, Irish or EEA citizen

If you're an EEA Citizen, we need to know a little bit more about your situation. Please tick which of the following are true:

- You are a worker
- You are self-employed
- You have permanent right to reside
- You are a family member of one of the above groups
- None of the above (other), please give more details:

If you're not a British, Irish, or EEA Citizen, we need to know a little bit more about your situation. Please tick which of the following are true:

- You have been granted Refugee status
- You have been granted Exceptional Leave to Remain
- You have Indefinite Leave to Remain
- You have Limited Leave to Remain
- You have other protection (e.g. Commonwealth, humanitarian, exemption for diplomatic purposes) please give more details:

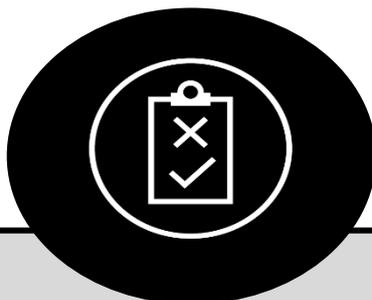
How would you best describe your ethnicity?:

- White: English / Welsh / Scottish / Northern Irish / British
- White: Irish
- White: Gypsy or Irish Traveller
- Any other White background
- Mixed / Multiple ethnic groups: White and Black Caribbean
- Mixed / Multiple ethnic groups: White and Black African
- Mixed / Multiple ethnic groups: White and Asian
- Any other Mixed/Multiple ethnic background
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Any other Asian background
- Black / African / Caribbean / Black British: African
- Black / African / Caribbean / Black British: Caribbean
- Any other Black / African / Caribbean background
- Other ethnic group: Arab
- Any other ethnic group
- Don't know / refused

What is your nationality?:

- UK national habitually resident in UK
- UK national returning from residence overseas / in UK for first time
- Czech Republic
- Estonia
- Hungary
- Latvia
- Lithuania
- Poland
- Slovakia
- Slovenia
- Bulgaria
- Romania
- Croatia
- Ireland
- Other European Economic Area (EEA) country national
- Non-EEA country national

Has anyone in the household lived outside the UK in the last five years?



Your Needs

**Have a conversation with us to
work out your housing and
support needs**

Date assessment of needs was completed:

____/____/____

Officer completing assessment of needs:



Your Needs

Others in your household - children

Do you have dependant children (under the age of 18)?

Yes No

If yes, please fill out the fields below:

Name	Relationship to you (main applicant)	Gender	Date of Birth	School/ College/ Nursery

Is anyone in your household pregnant?

Yes

No

Please tell us who is pregnant in the household?

Due Date:

Verified by Officer:

Evidence Source for
Verification:



Your Needs

Others in your household – adults and pets

Do you have any adults living with you? (over the age of 18)?

Yes No

If yes, please fill out the fields below:

Name	Relationship to you (main applicant)	Gender	Date of Birth	College/ Place of work (if applicable)

Pets

Does the household contain any pets?

Yes No

Please provide more details



Your Needs

Housing needs

Are you registered on Tyne and Wear Homes?

Yes No

Tyne and Wear Homes reference:

Please tell us about your partner's housing history for the last 5 years

Address	Tenure	How long were they there?	Who was their landlord/ who were they living with?	Why did they leave this housing?



Your Needs

Work and money

Work

What is **your** employment status?

- Don't know / Refused to answer
- Working: 30 hours a week or more
- Working: less than 30 hours a week
- Training scheme / apprenticeship
- Not working because of long term sickness or disability
- Registered unemployed
- Not registered unemployed but seeking work
- At home / not seeking work (including looking after the home or family)
- Retired (including retired early)
- Full-time student
- Other

What is your **partner's** employment status?

- Don't know / Refused to answer
- Working: 30 hours a week or more
- Working: less than 30 hours a week
- Training scheme / apprenticeship
- Not working because of long term sickness or disability
- Registered unemployed
- Not registered unemployed but seeking work
- At home / not seeking work (including looking after the home or family)
- Retired (including retired early)
- Full-time student
- Other

If you are in employment...

Where do you work?

How do you travel to work?

If your partner is in employment...

Where do they work?

How do they travel to work?

Benefits

Which benefits cover your **housing costs**? (please state only one)

- No benefits
- Universal Credit
- Housing Benefit
- Don't know / refused to answer

What are the main benefits that cover your **other living costs**? (please state only one)

- No benefits claims made / refused to answer
- Universal Credit
- Tax Credits (Working Tax Credit, Child Tax Credit)
- Income Support / Carer's Allowance
- Jobseeker's Allowance
- Employment and Support Allowance
- Disability benefits (Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Incapacity Benefit, Industrial Injuries Disablement Benefit)
- State Pension and / or Pension Credit
- Bereavement benefits



Your Needs

Work and money

Income

Please tell us how much money you receive in wages or benefits? (Please state whether weekly, fortnightly or monthly) £

Household Member	Income Source	Income Amount (Please state whether weekly, fortnightly or monthly)
		£
		£
		£
		£
		£
		£

Debt

Do you have any problems managing debt(s)?

Yes No

Would you like a referral to Money Matters who can give you free debt and budgeting advice?

Yes No

Name of the Money Matters Debt Advisor we are referring you to:

Please give us details of any arrears or debts you have:



Your Needs

Physical health

Does anyone in your household (including yourself) have any physical health problems?

Yes No

If yes, please specify the problem(s) and tell us more details:

How do those physical health problems affect you/ them on a day to day basis?

Do you think you/ they would need any adaptations to be made to a property as a result of these physical health problems?

Do you/ they receive any support from a support service, statutory service or other agency for these physical health problems? ***(if yes, please give details of the service or agency)***

Do you / they receive any medication for these physical health problems?

Are you registered with a GP?

Yes No

GP Surgery name and address:

Please tell us the name of your GP:

Please tell us the name and contact details of any other doctors involved in your treatment (e.g. consultant):



Your Needs

Mental health

Does anyone in your household (including yourself) have any mental health problems?

Yes

No

If yes, please specify the problem(s) and tell us more details:

How do your mental health issues affect you on a day to day basis?

Do you think you/ they would need any adaptations to be made to a property as a result of these mental health problems?

Do you /they receive any support from a support service, statutory service or other agency for these mental health problems? ***(if yes, please give details of the service or agency)***

Do you receive any medication for these mental health problems?

Yes

No

If yes, please tell us more details:



Your Needs

Drugs and alcohol

Drugs

Does anyone in your household (including yourself) have any problems with drugs?

Yes

No

If yes, please specify the problem(s) and tell us more details:

Do you/ they receive any support from a support service, statutory service or other agency for these drug problems?
(if yes, please give details of the service or agency)

Alcohol

Does anyone in your household (including yourself) have any problems with alcohol?

Yes

No

If yes, please specify the problem(s) and tell us more details:

Do you/ they receive any support from a support service, statutory service or other agency for these alcohol problems?
(if yes, please give details of the service or agency)



Your Needs

Offending

Has anyone in your household (including yourself) been convicted of a crime?

Yes No

If yes, please provide more details below:

Please provide details of any relevant unspent convictions among household members

Household Member:

Details of conviction:

Household Member:	Details of conviction:

Has anyone in your household (including yourself) been convicted of **arson**?

Yes No

Has anyone in your household (including yourself) been convicted of a **sexual or violent offence**?

Yes No

Is anyone in your household (including yourself) working with Probation or the Youth Offending Team?

Probation Youth Offending Team

Which household member is this?

Is anyone in your household (including yourself) subject to any conditions, restrictions, or orders?

Bail conditions ASBO Other conditions

Which household member is this?

Please give details of any conditions, restrictions, or orders:



Your Needs

Care leavers and the armed forces

Care Leavers

Has anyone in your household (including yourself) ever been in the care of the local authority?

Yes No

If yes, please tell us more details below:

Which household member is this?

Were you/they ever in care between the age of 16 to 18?

Please give details of your / their 16+ worker:

Armed Forces

Has anyone in your household (including yourself) ever been in the HM Regular Armed Forces?

Yes No

If yes, please tell us more details below:

Which household member is this?

Have you/they ever involved with SSAFA or Royal British Legion?

Yes No

Service Number:

Discharge Date:

Please give details of your/ their service:



Your Needs

Learning disabilities and difficulties

Does anyone in your household (including yourself) have any diagnosed learning disabilities?

Yes No

If yes, please specify the learning disability and tell us more details:

Does anyone in your household (including yourself) have any learning difficulties?

Yes No

If yes, please specify the learning difficulty and tell us more details:

How do your/ their learning disabilities or difficulties affect you/them on a day to day basis?

Do you/ they receive any support from a support service, statutory service or other agency for these learning disabilities or difficulties? ***(if yes, please give details of the service or agency)***



Your Needs

Victim of harassment and violence

Has anyone in your household (including yourself) ever been a victim of domestic violence, harassment, or honour based violence?

Yes No

Are you/ they currently a victim of domestic violence, harassment, or honour based violence?

Yes No

If yes, please provide more details below:

Name of alleged perpetrator:

Relationship to you (main applicant):

Alleged perpetrator date of birth:

Address of alleged perpetrator:

Please provide more details:

Are any agencies involved in supporting you/ them with this?



Your Needs

Any other support needs

Does anyone in your household (including yourself) have any other support needs?

Yes No

If yes, please specify the support needs and provide more details:

Do you (or any member of your household) currently receive support for these needs from other agencies?

Yes No

If yes, please provide more details:

Do you (or any other member of the household) receive support from family or friends who do not live with you? (e.g. with childcare)

Yes No

If yes, please provide more details about who they are, how they support you, and where they live:

Do you consider anyone in your household (including yourself) to require further consideration around one of the following "relevant protected characteristics"? (as defined by section 149 (7) of the Equality Act 2010)

- Gender Reassignment
- Race
- Religion or Belief
- Gender
- Sexual orientation

If you have ticked any of the boxes then please provide further details about how you think we can support you:



Our Plan

Agree a plan with us to resolve your housing needs

Now we know what housing needs you have, we need to create a plan that meets those needs. We will add to this plan over time, but right now, we need to agree some actions for each of us to complete.

Date of plan:

____/____/____

My Officer's name and contact details:

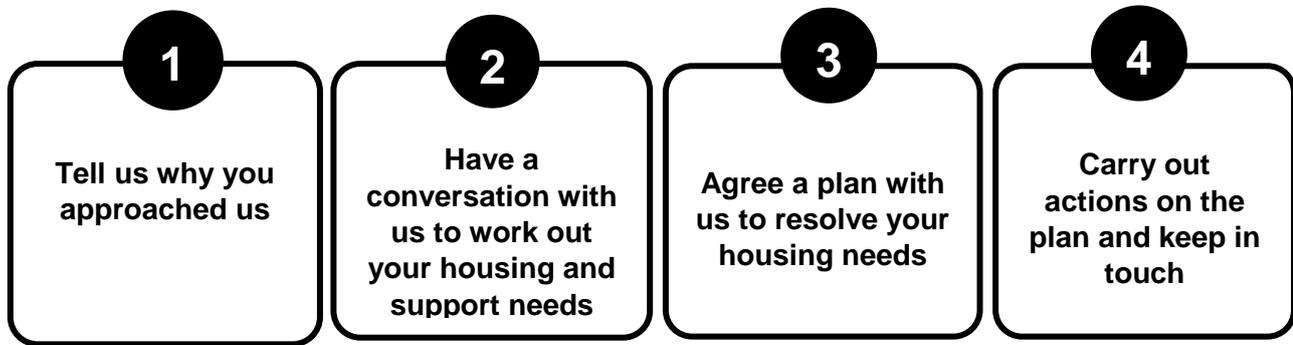
Name: _____

Telephone Number: _____

Email: _____

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Our Plan

A summary of your needs

Before we develop a plan, please help us summarise your household's needs

Your household's housing needs

Your household's needs around work and money

Your household's support needs



Our Plan

Your priorities

My first priority is...

Blank space for writing the first priority.

Obstacles to stop me getting there...

Blank space for writing obstacles.

How I will overcome them...

Blank space for writing how to overcome obstacles.



Our Plan

Actions for now

Actions for now (tick when completed)

Actions that I will complete

By when?

Where I'm going to do it:

Who can help you carry out these actions? e.g. friends, family, community groups, services

Actions that the council will complete

By when?

Who will complete the action?



Our Plan

Actions for now

Actions for now (tick when completed)

Actions that I will complete

By when?

Where I'm going to do it:

Who can help you carry out these actions? e.g. friends, family, community groups, services

Actions that the council will complete

By when?

Who will complete the action?



Our Plan

Actions for now

Actions for now (tick when completed)

Actions that I will complete

By when?

Where I'm going to do it:

Who can help you carry out these actions? e.g. friends, family, community groups, services

Actions that the council will complete

By when?

Who will complete the action?



Our Plan

Actions for the future

Actions for the future (tick when completed)

Actions that I will complete

By when?

Where I'm going to do it:

Who can help you carry out these actions? e.g. friends, family, community groups, services

Actions that the council will complete

By when?

Who will complete the action?



Our Plan

Actions for the future

Actions for the future (tick when completed)

Actions that I will complete

By when?

Where I'm going to do it:

Who can help you carry out these actions? e.g. friends, family, community groups, services

Actions that the council will complete

By when?

Who will complete the action?



Our Plan

Progress Check

We need to know about how you are getting on with your plan. When you meet with your Officer you should use this section to record any changes in your household's circumstances, and to flag up any problems you having in completing your actions

Date	Action	Progress	Problems you are facing