

Policy Guidance Note PGN 13

Bed & Breakfast Accommodation for Homeless Applicants

Responsible Officer	Estate Manager – Estate Management						
Issue No.	1	Revision No.	0	Revision Date	17/06/2011	Doc Ref	PGN13 v1.0

Amendment and Authorisation Record

Procedure reference and name

Date	Author	Paragraph ref	Nature of change	Authorised by

1 Introduction

- 1.1 The purpose of this procedure is to clarify, and ensure consistency, when allocating Bed & Breakfast accommodation to Homeless applicants.

2 Responsibilities

- 2.1 Each Housing Officer is responsible for ensuring that these procedures are followed and that any deviation from the procedure is reported to the Estate Manager, or the Service Manager.
- 2.2 The Estate Manager is ultimately responsible for the monitoring and compliance of the procedure.
- 2.3 Housing Finance are responsible for monitoring Housing Benefit payments and finalising invoice requests.

3 Monitoring

- 3.1 Monitoring of Homeless Applicants in Bed & Breakfast accommodation will be done at the regular Homeless Monitoring meetings.

4 Procedures

- 4.1 Before offering Bed & Breakfast accommodation the applicant must meet the criteria set out in the Housing (Scotland) Act 1987 as amended by the Homelessness etc (Scotland) Act 2003.
- 4.2 The procedures for allocating Bed & Breakfast accommodation is shown in the flowchart Appendix 1

5 References

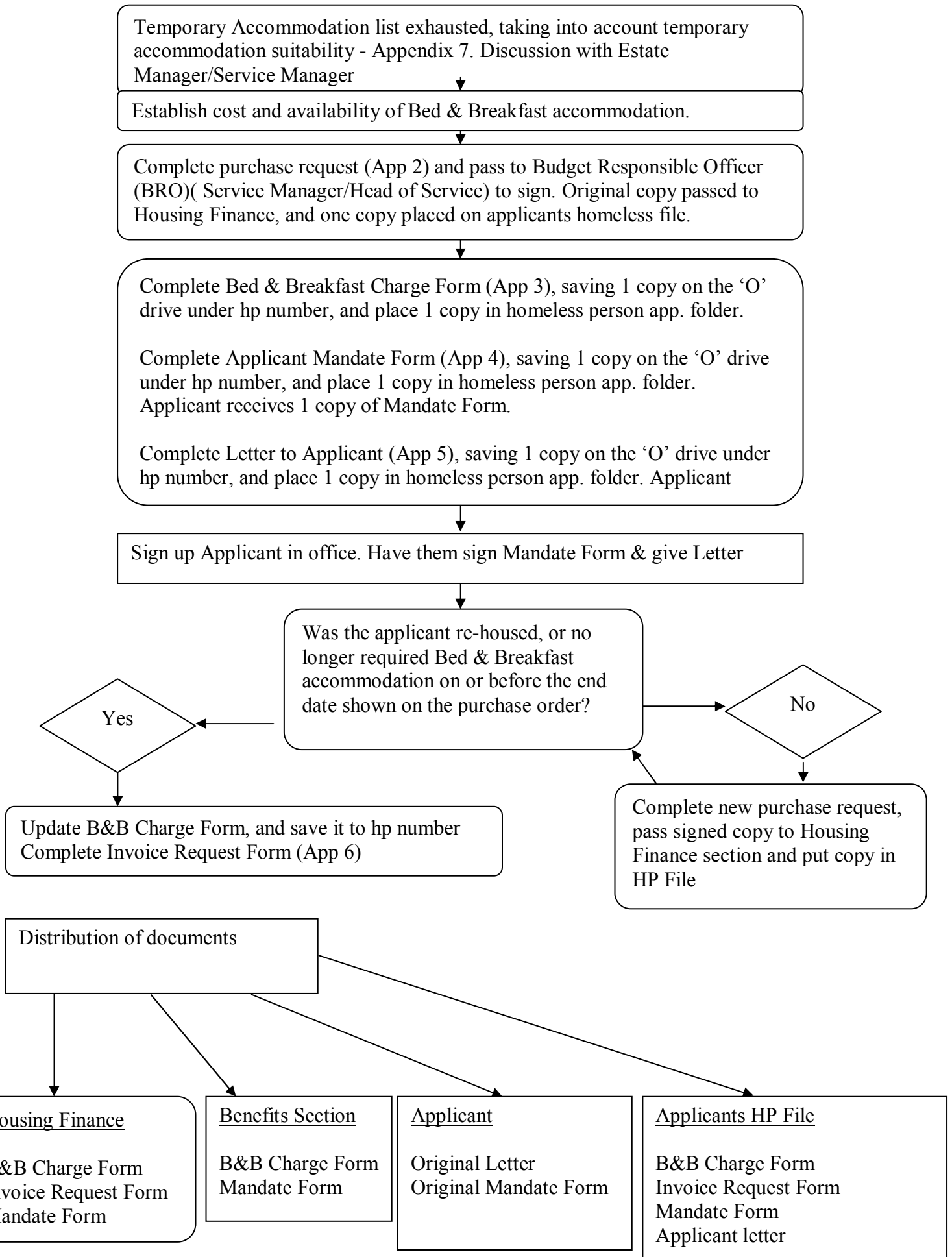
- 5.1 Homelessness etc. (Scotland) Act 2003
- 5.2 Code of Guidance on Homelessness
- 5.3 OP25 – Purchasing Procedures
- 5.4 Integra Contact Codes (O:\Estate Management\Staff contacts)

6 Attachments

- 6.1 Appendix 1 – Procedural Flowchart
- 6.2 Appendix 2 – B&B Charge Form
- 6.3 Appendix 3 – Letter to Applicant
- 6.4 Appendix 4 – Mandate Form
- 6.5 Appendix 5 – Purchase Request Form
- 6.6 Appendix 6 – Blank Invoice/Credit request form
- 6.7 Appendix 7 – Homeless Persons Order 2004

SIC Housing Service
Policy Guidance Note (PGN13) Bed & Breakfast Accommodation for Homeless
Applicants
Appendix 1

Flowchart of procedures



**SHETLAND ISLANDS COUNCIL
 HOUSING SERVICE**

PURCHASE REQUISITION FORM

Requisitioner	Date
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Preferred Supplier: (B&B info)	Deliver Goods to: N/A
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GL Code	Description	Unit Cost	Qty	Total
GRH11701050	B&B Accommodation Name: HP App No. Dates from to (inclusive)			
		Net £		
		VAT £		
		Total £		

Authorised Signatory _____ Date _____

SIC Housing Service
Policy Guidance Note (PGN13) Bed & Breakfast Accommodation for Homeless
Applicants

For Admin Use:	
Purchase Order No.	
Purchase Order Date	
Processed by	

Purchase Order to be:	
Faxed to Supplier	
Posted to Supplier	
Returned to Requisitioner	

Important: This is not a purchase order form

Bed & Breakfast Charge Form

Appendix 3

Placement of Applicant in Bed & Breakfast Accommodation under Section 29 (1) of the Housing (Scotland) Act 1987

NAME:
B & B Address:

HP NO:
Date of First Night:

Household Composition

	Name	DOB
1		
2		
3		

	Name	DOB
4		
5		
6		

	Calculation of Charge	No.	Charge
1	Adults aged 16 and over @ £84.75 per week		£
2	Children aged 15 and under @ £47.30		£
3	Number of Rooms Allocated		
4	Charge to SIC from B&B (per night)		£
5	Date of Leaving		£
6	Total Charge to SIC from B&B		£

7	Forwarding Address	SIC Tenancy? Y / N
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Assessed by: _____
 cc: Benefits, Charlotte House

Date of Assessment: _____

Appendix 4

MANDATE FORM

Name:

Bed & Breakfast Address;

Date From:

I hereby agree that during my stay in the above Bed & Breakfast accommodation arranged by Shetland Islands Council, Education & Social Care Department, Housing Services, any Housing Benefit that is due to me as a result of my claim can be paid directly to the Housing Service.

I wish to apply for Housing Benefit

I do not wish to apply for Housing Benefit

I understand the Shetland Islands Council has the authority under section 35 (2) (a) of the Housing (Scotland) Act 1987 as amended by the Homelessness etc (Scotland) Act 2003 to make a reasonable charge to me for the provision of this accommodation.

Charges are;

- £84.75 per week for each adult aged 16 and over
- £47.30 for each child aged 15 and under

I understand this level of payment relates only to accommodation secured by the Shetland Islands Council. I will be solely liable for payment to the proprietor should I personally extend the length of time in this Bed & Breakfast Accommodation.

I understand this charge will be added to a rent account, should I move on from here into a Shetland Islands Council property.

I understand an invoice will be raised and posted out, should I move on to alternative accommodation, and I will provide the Shetland Islands Council with a forwarding address on leaving the Bed & Breakfast.

Signed:

Date:

Witness:

Position:

Date:

Appendix 5

Head of Housing Services: Anita Jamieson

Housing Service
**Department of Education & Social
Care**
Housing Services
6 North Ness Business Park
Lerwick
Shetland, ZE1 0LZ
Telephone: 01595 744360
Fax: 01595 744395
housing.department@sic.shetland.gov.uk
www.shetland.gov.uk

If calling please ask for

Direct Dial: 01595 744

Our Ref:
Your Ref: HP B&B

Date:

Dear

Provision of Bed & Breakfast Accommodation under Housing (Scotland) Act 1987

Following your homelessness application made to this Service on .
I confirm that Shetland Islands Council has an interim duty to accommodate under
section 29(1) of the Housing (Scotland) Act 1987 on a bed & breakfast basis at:

Address:

Date from:

The booking has been made by Housing Service and the arrangement is entirely
between this Service and the Hotel / Guest House proprietor.

The Housing Service has the authority under section 35 (2) (a) of the same Act to
make a reasonable charge to you for the provision of this accommodation. Under the
Council's current policy, charges are £84.75 per week for each adult aged 16 and
over and £47.30 for each child aged 15 and under.

The charge to you is therefore calculated as £ per week. You are entitled to
claim Housing Benefit assistance in meeting this charge.

Yours sincerely

SIC Housing Service
Policy Guidance Note (PGN13) Bed & Breakfast Accommodation for Homeless
Applicants

Housing Officer

SHETLAND ISLANDS COUNCIL - INTEGRA SYSTEM

INVOICE/CREDIT NOTE REQUEST FORM

To: Recovery Section – Executive Services

1 *Company/Department _____ ***Contact Code** _____

*Invoice/Cr. Note Requested by _____	Date _____	*Telephone Number: _____
*Invoice/Cr. Note Authorised by _____	Date _____	Cr Note relates to
*Debtor Number _____		Invoice No : _____
*Name _____		(Cr Note Only)
*Address 1 _____		Our Ref (if required): _____
*Address 2 _____		
*Address 3 _____		*Enquiries to: _____
*Postcode _____		*Direct Dial: _____
		*Inv Date of Supply: _____

*GL Code	*Description	*Product Code	*No of Units	*Rate per Unit	*NET Value	*VAT Code

**Fields are mandatory, Invoice/Credit Note will not be raised without completion*

Finance Department Use only

Invoice/Cr Note No: _____	Invoice/Cr Note Date: _____	Total Goods: _____
Keyed /Processed by: _____	Date Keyed: _____	Total VAT: _____
		Total Due: _____

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The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2004

This form should be completed for all applicants, who are offered temporary accommodation

Application Number
 Address

Date

Is there a pregnant woman or children in the household? YES / NO

If yes, the accommodation **must** meet the following standards: -

Is it within Shetland?	YES / NO
Does it have adequate bedrooms and adequate toilet and personal washing facilities for the exclusive use of the household?	YES / NO
Does it provide adequate cooking facilities?	YES / NO
Does it provide the use of a living room?	YES / NO
Is it useable by the household for 24 hours a day?	YES / NO
Are there health and education facilities and services in the locality, which are being used or might reasonably be expected to be used by the applicant? These facilities must be accessible from the accommodation, taking into account the distance of travel, by public or local authority-provided transport.	YES / NO
Is it suitable for occupation by children, and overall does not pose a significant risk?	YES / NO

Policy Guidance Note (PGN13) Bed & Breakfast Accommodation for Homeless Applicants

The following should be taken into account for all applicants, in determining the reasonableness of an offer of temporary accommodation. Failure to meet the following criteria does not mean accommodation can not be offered for a short period of time e.g. 14 days to meet immediate need.

Can current permanent employment be maintained, taking into account the distance of travel, by public or private transport?	YES / NO
If no, can alternative arrangements be agreed with employers for a short period of time?	YES / NO
For vulnerable households, can social support networks be maintained, taking into account the distance of travel, by public or private transport?	YES / NO
If no, can alternative support be accessed e.g. housing outreach, mother and toddler group, youth club?	YES / NO
Will the accommodation increase the living costs for the household, to the extent that the household can't afford to maintain a reasonable standard of living?	YES / NO

Exceptional circumstances

In relation to households with pregnant women or children, if any of the following exceptional circumstances apply, accommodation which does not meet the physical and / or proximity standards may be used.

Homeless or threatened with homelessness as a result of an emergency such as a flood, fire or other disaster (no time limit)	YES / NO
Suitable accommodation offered, but applicant has expressed a wish to be placed in unsuitable accommodation (no time limit)	YES / NO
Women's refuge (no time limit)	YES / NO

Policy Guidance Note (PGN13) Bed & Breakfast Accommodation for Homeless Applicants

Out of hours (can only be used for 14 days)	YES / NO
No other accommodation suitable available (can only be used for 14 days)	YES / NO

Priority for a move within temporary accommodation will be given to anyone provided with temporary accommodation under the statutory exceptional circumstances with a 14 day time limit.

Households that have been provided with temporary accommodation which meets the statutory standards, but does not meet the additional local criteria, will also be considered for a move within temporary accommodation. This will be as and when available.

The use of temporary accommodation which consistently fails to meet the statutory or local standards will be reviewed by the Estate Manager – Advice & Information.