

## Housing



## APPLICATION FOR SOCIAL NEEDS POINTS IN SUPPORT OF HOUSING APPLICATION OR TRANSFER

Please complete in **BLOCK CAPITALS**. Once you have completed the form, please return it to the Housing Service. Information completed on this form will be treated as **confidential**. However, where there are concerns relating to child protection or vulnerable adults, we have a duty to inform Shetland Islands Council Social Work.

1 **Name of applicant**

2 **Present address**



**Postcode**

**Telephone**

3 **Criteria where social needs points can be awarded:**

1. **Child or Adult Protection concerns**– for example, where children have been victims of abuse; where children are vulnerable and at risk because of their housing situation and/or location.
2. **Severe personal relationship difficulties** – this would include domestic abuse, applicants who have been referred to MARAC.
3. **Where it is recognised settled accommodation will reduce risk of offending as part of a Criminal Justice support plan.**
4. **Where an individual is in an inappropriate care setting** – this will include delayed discharge from hospital or an inappropriate placement in residential care, Supported Living & Outreach, or Annsbrae House.
5. **Where you or a member of your household is the subject of persistent and ongoing racial, sexual or other forms of harassment and where we are satisfied that there is evidence of such harassment.** Confirmation may be sought from the Police, Social Work, NHS or other agency as appropriate.
6. **Where you have to move to another area to give or receive support and all of your areas of choice for housing are closer to the person giving or receiving the support than your current home.** These points will apply in cases where support is given to vulnerable individuals, (e.g. disabled, elderly, people with mental health problems) and this support will significantly benefit the individual receiving the support. This does not include child minding unless there are exceptional circumstances.

4 **Under which of the 6 criteria above are you applying for Social Needs Points? (1, 2, 3, 4, 5 or 6)**

5 **Which member(s) of the household does this application form relate to?**

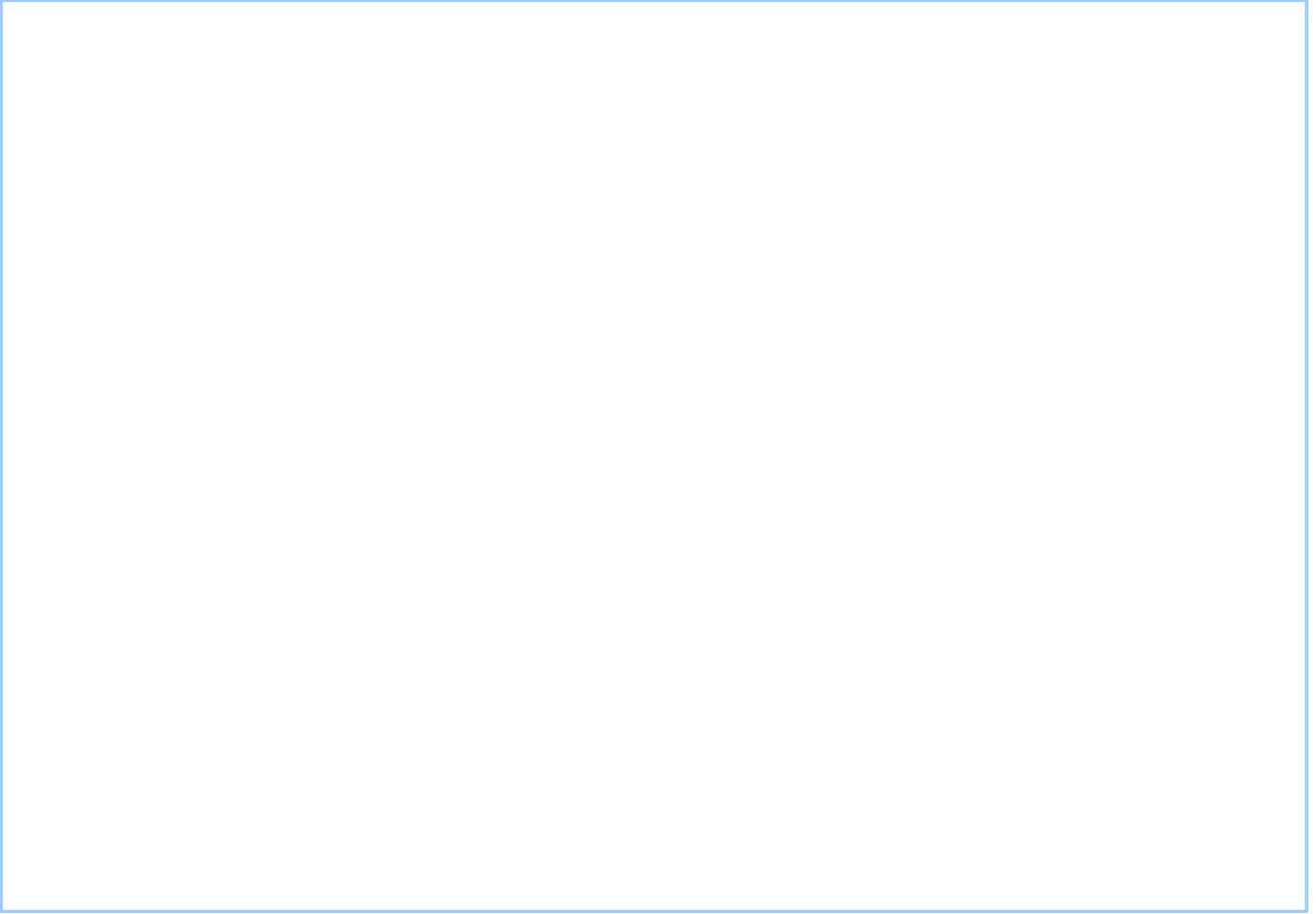
6 **a) Do you have a named Social Worker?**

YES

NO

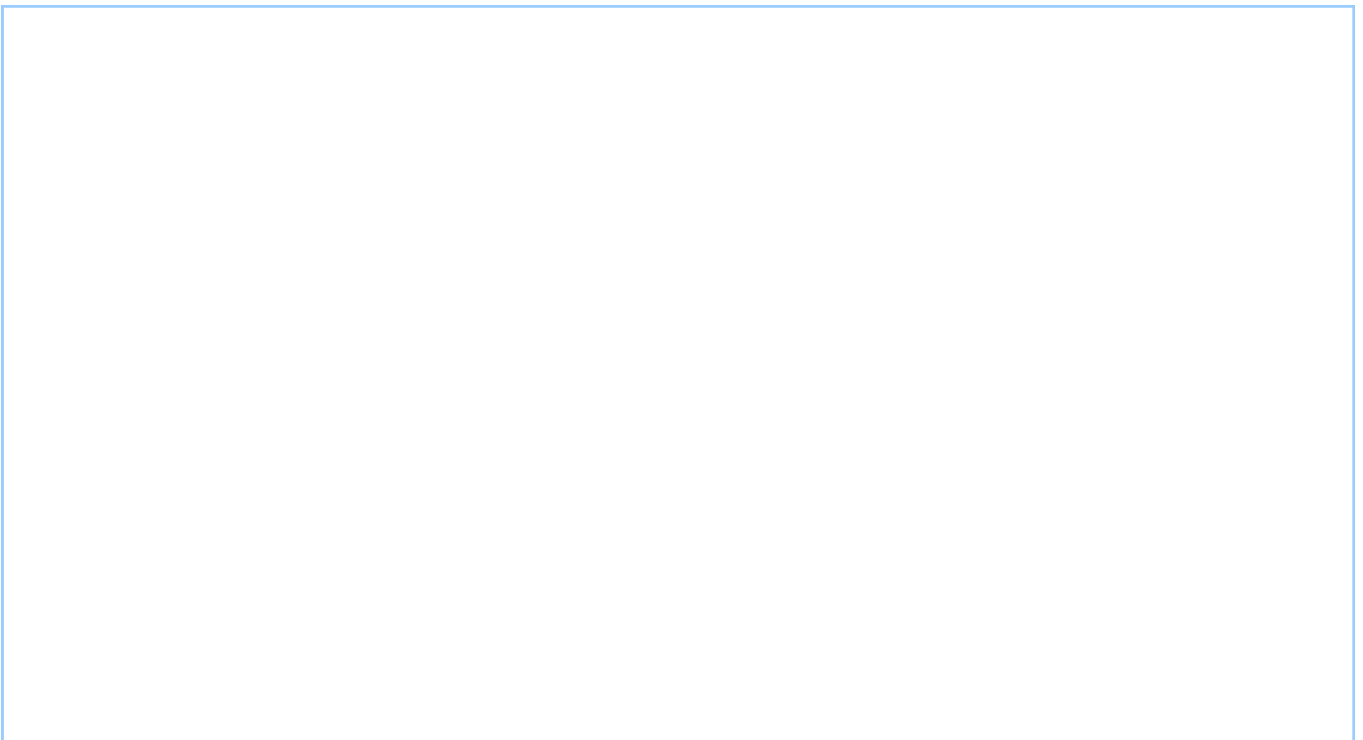
**b) If yes, please give name of Social Worker:**

**7 Please tell us as much as you can about how your current housing situation impacts on the person this form relates to.**



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**8 Please tell us how a move to alternative accommodation would help this.**



9 Please list in the table below, any support services you have regular contact with. Please tick 'permission to contact' if you permit us to contact these agencies to assist in this assessment.

Agency	Named Worker	Email address and/or phone number	Permission to Contact

10 Where the household member is at risk from someone not at this address, please notify us of the perpetrator's address

Postcode

11

Signatures

Date