

Revenues & Customer Support

York House

91 Granby Street

Leicester

LE1 6FB

**Specified Accommodation**

**Part 1 – The Accommodation Provider**

|  |  |
| --- | --- |
| Name and address of the organisation providing support accommodation (landlord):   | Address of the support accommodation property: |

1. Does the organisation hold?

Leasehold Freehold Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the property:

Self-contained flats Yes No

Shared accommodation Yes No

Please confirm how many units bed space/rooms :

Is the tenancy:

Short-term tenancy Yes No

Long- Term Tenancy Yes No

1. What type of organisation is the supported accommodation provider?

Non-metropolitan county council in England

Registered charity

Housing Association

Voluntary organisation

**Part 2 – Care, Support, or Supervision**

1. Does the landlord provide care, support, or supervision?

Yes No

1. Is the care, support, or supervision provided by a 3rd party?

Yes (please provide details) No

Name of provider:

Address of provider:

Telephone number:

1. Where care, support, or supervision is provided by a 3rd party is there a contractual agreement between the accommodation provider (landlord) and the care, support, or supervision provider?

 Yes No

1. Describe the level of care, support, or supervision:

24 hour sleep in support

Intensive high –level support

Life skills

Sheltered housing

Floating support for general needs

1. Has any external funding been secured?

Yes No

If yes please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will the tenants have a need for the available support (must be connected with giving of advice and assistance to the claimant in coping with the practicalities of everyday life)?

Yes No

1. Will the tenant’s agreement state that they must engage with the care, support, or supervision?

Yes No

1. Will each tenant’s needs be assessed and agreed by a qualified person or organisation?

 Yes (please provide details) No

 Name of person or organisation:

* EMH Care & Support (Specialist Housing Team) &
* Leicester City Council (Housing Option)

 Address of person or organisation:

1. What client group will be supported? Homelessness client with low/medium support needs
2. Will the address be used as supported accommodation for all current and future tenants?

 Yes No

**Form completed by**