

Top part of the form with pertinent questions

Household member details

Show Section Notes (0)

Title

Forenames

Surname

Date of Birth

National Insurance number

Gender

Is your gender the same as the sex you were registered at birth?

Would you define this person as transgender?

--Please Select--

Relationship to Main Applicant

--Please Select--

Is this person (or someone to be rehoused with the person) pregnant?

--Please Select--

Expected Due Date

press the 'DELETE' key to clear

What is this person's Ethnic Origin?

--Please Select--

What is this person's Nationality ?

--Please Select--

What is this person's Sexual Orientation ?

--Please Select--

Religion

--Please Select--

What is this person's first language?

--Please Select--

Other Language

Pertinent questions with available selections

Gender

Male

Is your gender the same as the sex you were registered at birth?

--Please Select--

Male

Female

Other

Prefer not to say

Is your gender the same as the sex you were registered at birth?

Yes

--Please Select--

Yes

No

Prefer not to say

Would you define this person as transgender?

Yes

Relationship to Main Applicant

No

Prefer not to say

Would you define this person as transgender?	<div>--Please Select--</div>
Relationship to Main Applicant	<div>--Please Select--</div>
Is this person (or someone to be rehoused with the person) pregnant?	<div>Yes</div> <div>No</div>
What is this person's Sexual Orientation ?	<div>--Please Select--</div>
Religion	<div>--Please Select--</div>
What is this person's first language?	<div>Heterosexual/Straight</div> <div>Bisexual</div> <div>Gay (female)/Lesbian</div> <div>Gay (male)</div> <div>Other</div> <div>Prefer not to say</div>
Other Language	
Interpreter needed?	
Has this person had the same address history as the main applicant for the past five years?	

Remaining section of the household form

Other Language	<div></div>								
Interpreter needed?	<div>--Please Select--</div>								
Has this person had the same address history as the main applicant for the past five years?	<div>--Please Select--</div>								
Address History	<div><div><input type="checkbox"/> Please tick here if you currently have no fixed address.</div><div>Please enter the postcode to search for an address</div><div>Post code search <div></div></div><div>Address Line 1 <div></div></div><div>Address Line 2 <div></div></div><div>City/Town <div></div></div><div>Area <div></div></div><div>Post Code <div></div></div><div>Move In <div></div></div><div>Move Out <div></div></div><div><div>Add Address</div><div>Clear</div></div><table><thead><tr><th>Address</th><th>Move In</th><th>Move Out</th><th>Action</th></tr></thead><tbody><tr><td></td><td></td><td></td><td><div>Edit</div><div>Delete</div></td></tr></tbody></table><div></div><div>Is the current address also the correspondence address?</div><div></div><div></div><div>What type of accommodation are you currently living in?</div><div>--Please Select--</div><div>Has this person had the same address history as the main applicant for the past five years? (DELETE)</div><div>--Please Select--</div><div>Correspondence Address</div></div>	Address	Move In	Move Out	Action				<div>Edit</div> <div>Delete</div>
Address	Move In	Move Out	Action						
			<div>Edit</div> <div>Delete</div>						

## Correspondence Address

Please enter the postcode to search for an address

Post code search

Address Line 1

Address Line 2

City/Town

Area

Post Code

Add Address

Clear

What is your Telephone Number?

Home

Work

Mobile

What is your Email Address?

Does anyone requiring rehousing own a property in the UK or anywhere else in the world?

Please give details and the reason for not living there

Address of property

--Please Select--

What support needs do you and the people you want to be housed with have?

☐ No support needs☐ Young person aged 18-25 years requiring support to manage independently☐ Care leaver aged 21+ years☐ Learning disability☐ At risk of/has experienced abuse (non-domestic abuse)☐ Offending history☐ Former asylum seeker☐ Access to education, employment or training☐ Care leaver 21-24☐ Legacy cases: support needs not known☐ Young parent requiring support to manage independently☐ Physical ill health and disability☐ At risk of/has experienced sexual abuse/exploitation☐ Drug dependency needs☐ History of repeat homelessness☐ Old age☐ Victim of modern slavery☐ Care leaver 25+☐ Young person aged 16-17 years☐ Care leaver aged 18-20 years☐ History of mental health problems☐ At risk of/has experienced domestic abuse☐ Alcohol dependency needs☐ History of rough sleeping☐ Served in HM Forces☐ Difficulties budgeting

Does this person have a disability under the Disability Discrimination Act definition?

Please select the definition/s from the list below that best describe the disability/disabilities.

☐ Deaf / hearing impairment☐ Mental health difficulties☐ Any other disability or impairment☐ Blind / Visual impairment☐ Hidden impairment (such as Cancer, HIV and diabetes)☐ Prefer not to say☐ Physical impairment☐ Learning difficulties (including specific learning difficulties such as dyslexia and dyspraxia)

--Please Select--