

 NB Housing Flax Foyer		DOCUMENT NO: SP/F-11			
		Prepared by:	KQ		
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		Board Approval:			
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SUPPORT SECTION					
Application, Assessment and Allocations Policy and Procedure SP/F-11					
No.	Change	Approved by	Date	Effective	
7	3.1 reviewed to include that we are unable to accept referrals from 16- and 17-year olds who are looked after children. Appendix enclosed explaining 16 plus categories	Management	April 2014	April 2014	
8	Full review – full policy rewritten and renamed	Management	June 2015	June 2015	
9	Age criteria changed to 18-25	Management	July 2015	July 2015	
10	Updated with up-to-date Application Form – Appendix 1	HMSC	Oct 2017	Oct 2017	
11	Reviewed full policy and redesigned Application, Assessment forms and letters.	HMSC	Oct 2019	Oct 2019	

Introduction

NB Housing is committed to an application and assessment process which is fair and accessible to all young people in need of housing, training and education, and support.

Young people aged between 18 and 25 can apply to live at the Foyer. Applications can be made by an agency acting on the young person's behalf, or directly by the young person.

Young people applying for the Foyer should be homeless or in housing need, and be prepared to participate in a programme of training or education, and personal development. If accepted, prior to move in the young person must register as homeless with NIHE.

The Foyer's aim is to provide temporary supported accommodation with access to training, education and employment opportunities from which young people are empowered to become socially and economically active citizens.

Application Procedure

Anyone wishing to apply for a place in the Foyer can get an application form directly from the Foyer by contacting: (appendix 1)

Flax Foyer
 16 Flax Street
 Belfast
 BT14 7EJ

Tel: 028 90593301
Email info@flaxfoyer.com

By visiting our Facebook Page: www.facebook.com/flaxfoyerbytes or by visiting the association's website: <http://flaxhousing.com/flax-foyer-help-for-young-people>

Assessment Procedure

Having completed and returned the application form to the Foyer an initial assessment will be arranged within 1 week. An invitation letter will be sent out to each applicant (where appropriate a copy of this will be sent to the referral agent as well). A tour of the Foyer and a chat with staff about the service may also be arranged before applying or on the day of the interview (appendix 2).

The assessment (appendix 3) will include information on the applicant's housing, education, training needs, life skills and social and family background. Staff who are carrying out the assessment are expected to gather as much background information from as many sources as possible. These sources will normally include information provided by the applicant, referral agencies and agencies who have had current or previous involvement with the applicant, in order to make a properly informed judgement on the suitability of the Foyer accommodation for their needs.

Staff should identify on the assessment form whether it is appropriate to work with the potential applicant and highlight any risk factors that may need to be addressed. Staff should also make clear on the assessment form the initial goals that have been identified and agreed with the applicant as these goals will form the basis for the First Assessment undertaken should the applicant be successful.

The assessment will establish the applicant's housing needs, support needs and any other relevant information.

Once the assessment has been completed time is set aside for the interviewer(s) to decide whether to make a nomination to approve, refuse, defer or refer the applicant.

If the applicant is accepted the final accept box on the interview sheets should be ticked and the result recorded on the applicant's application form.

If there are no vacancies successful candidates will be placed on a list. Offers of accommodation will be made on the basis of need (appendix 4).

The risk assessment can result in an applicant being deferred for a period of 3–6 months to ensure the health, safety and wellbeing of existing client group is maintained and this will provide an opportunity for the applicant to prove he/she is taking steps to address any issues that have been discussed in the risk assessment and caused concern. A deferral can also be made if it is felt that the applicant is not ready to manage the level of semi-independence required to live in the Foyer (appendix 5).

“Refer” means that the applicant is unsuitable but has been referred onto alternative accommodation providers.

Applicants will be notified of the decision in writing within 1 week from the interview date. Copies of letters should also be forwarded to the referral agent where applicable (appendix 4-6).

If the applicant is referred by NIHE, and is refused, staff should complete the Record of Refusal of Access to Service form required by NIHE and return it to the referring agent in NIHE.

Allocation Procedure

Within 1 working day of a termination being issued or receipt of a termination notice the keyworker of the flat should review the current list of applicants and prepare information for review with the Foyer Manager.

The keyworker should discuss these with the Foyer Manager on the same day. In the absence of the Manager, support staff should discuss this as a team. When selecting an applicant to be offered accommodation from the list staff should consider the following points:

- Applicants needs i.e. homeless, living with family/friends etc with priority given to those who are homeless.
- Date of application if two or more applicants have similar level of needs.

When a suitable applicant has been selected, the keyworker will contact the applicant and referral agent (if applicable) by telephone and also prepare an offer letter. The applicant should be given until 1pm the following day to make a decision (appendix 7).

In the event of a refusal or the first offer not being responded to, the keyworker should repeat the process, with the approval of the Foyer Manager, until an acceptance has been received. In the absence of the Manager, support staff should discuss this as a team.

Once accepted the keyworker will arrange for the applicant to sign for the accommodation at the Foyer and complete all the necessary documentation.

The sign-up must be arranged to take place as soon as possible and before the commencement of the occupancy agreement.

In the absence of the keyworker another member of support staff will ensure that this process is followed.

Rules Governing Allocations

The applicant will be responsible for providing accurate information on the application form and at the assessment.

Applicant's allocated accommodation on the basis of false information may lose their right to remain at the Foyer.

Exclusions

The Association reserves the right to reasonably exclude anyone from the Foyer project for the following reasons:

- The exclusion of schedule 1 (sex) offenders due to the risk they would present to vulnerable clients.
- The exclusion of convicted arsonists due to the risk to other clients, staff and Association property.
- The exclusion of anyone previously barred from Association property for defacing/destruction of property, anti-social behaviour, substance abuse, violent/aggressive behaviour, breach of Foyer rules or Licence Agreement.

Appeals

Where an applicant feels the decision made in respect of their application is wrong they have the right to appeal. All appeals must be made in writing within 5 working days of notification of the decision stating the basis of the appeal.

A copy of the Appeals Procedure can be provided on request.



Application Form

Reference Number: _____

If you need help to complete this form – please speak to a member of staff at the Foyer.

Please forward completed form to:

**Flax Foyer
16 Flax Street
Belfast
BT14 7EJ**

Or email to: info@flaxfoyer.com

FOR OFFICE USE ONLY

	DATE:	SIGNATURE:
Application received:		
Assessment Date:		
Background checks completed:		
Accepted:		
Not Accepted: (record reason)		
Deferred: (record reason)		
Move in:		
Agent/ Applicant notified: (If applicable)		

PERSONAL DETAILS

Full Name:		Telephone Number & Email:	
Address:		NI Number:	
Age & Date of Birth:		Gender:	

REFERRAL DETAILS

Self-referral?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, please give details of referral agency:		
Agency:		
Staff Member:		Telephone Number:
Address:		Email:

HOMELESS INFORMATION

Last Settled Address	Reason for homelessness/risk of homelessness

Homeless Status (FDA awarded)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Enquiries
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Previous Hostel Accommodation

Name & Address	Dates of occupancy	Reason(s) for leaving

Have you been evicted or excluded from temporary accommodation?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:			

INCOME

Are you in paid employment?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes:					
How much do you get paid?	£				
	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly
Are you in receipt of benefits or any other income?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, tick all boxes that apply					
Universal Credit	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>		
Job Seekers Allowance	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>		
Income Support	<input type="checkbox"/>	Educational Maintenance Allowance	<input type="checkbox"/>		
Student loan/grant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
If other, please specify:					
Name of Benefit/Income	Amount		Weekly/fortnightly/Monthly		
	£				
	£				
	£				

EMPLOYMENT AND TRAINING

Please tell us what you are doing at present			
Tick all boxes that apply to you			
I am in full time education	<input type="checkbox"/>	I am in part time education	<input type="checkbox"/>
I am in full time employment	<input type="checkbox"/>	I am unemployed	<input type="checkbox"/>
I am in part time employment	<input type="checkbox"/>	I am not working due to illness	<input type="checkbox"/>
If other, please specify:			
If not already in education. Are you willing to take part in education/training in the Foyer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

HEALTH AND WELLBEING

Are you registered with a doctor?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please give GP details any details of any current health problems:			

PROFESSIONAL SUPPORT

Please give details of any professionals/agencies you are involved with:	
CPN:	
Social Worker:	
Probation Officer:	
Other, please give details:	

DRUG USE

Past	<input type="checkbox"/>	Current	<input type="checkbox"/>	None	<input type="checkbox"/>
Substance	Method of use		How much		

ALCOHOL USE

Past	<input type="checkbox"/>	Current	<input type="checkbox"/>	None	<input type="checkbox"/>
Details:					

OFFENDING

Have you ever been:				
In trouble with PSNI	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In Prison	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Bail	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered yes to any of the above, please give details below:				
Offences/Charges	Age when offence committed	Outcome Custodial, suspended sentence, probation, etc	Duration of prison, probation, community service, sentence served.	Bail conditions

Please provide any further relevant information

REFERENCES

Please provide the names and contact details of 2 referees who have known you, in a professional or supportive capacity.

These could be a tutor, teacher, support worker, youth worker, social worker, probation officer, employer or other professional.

Family members cannot be used

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
Email:		Email:	
Relationship:		Relationship:	

I declare that all information given in this form is true to the best of my knowledge

Signature:		Date:	
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Data Sharing

In adherence to the General Data Protection Regulation (EU) 2016/679 (“the GDPR”), I _____ give permission to NB Housing (Flax Foyer) to hold all information in relation to me necessary to process my application.

Information held will include:

Your name, previous address, telephone number, date of birth, sex, national insurance number, next of kin, sensitive information and support requirements (medical, criminal & support history), information on benefits.

Please see enclosed Fair Processing notice for further information.

I understand that this information will be held in strictest confidence and that I may make a reasonable request in writing at any time to view all information held in relation to me.

I give permission for NB Housing/ Flax Foyer staff to seek/and/or share information about me with any supporting or referral agencies.

I give permission for staff in the Foyer to contact either my next of kin or my designated person if staff have concerns over any activities I may be involved in that could be harmful to me or others.

I understand by signing this permission form that members of, Supporting People auditing team or other Government Departments and agencies may request access to my data.

Signature:		Date:	
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TO BE COMPLETED BY THE REFERRAL AGENT, IF APPLICABLE:

Name:		Position:	
Agency:		Address:	
Telephone no:		Email:	

Please state the reason you are referring the applicant to Flax Foyer?

To the best of your knowledge has the applicant ever had any difficulties in any of the following areas? (please tick)

Intimidation <input type="checkbox"/>	Threatening Behaviour <input type="checkbox"/>	Alcohol Dependency <input type="checkbox"/>	Debt <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Drug Dependency <input type="checkbox"/>	General Health Problems <input type="checkbox"/>	Offending <input type="checkbox"/>
Violent Behaviour <input type="checkbox"/>	Family Relationships <input type="checkbox"/>	Independent Living Skills <input type="checkbox"/>	Gambling <input type="checkbox"/>

Please provide information if applicant is receiving specialist support regarding any of the above. Other (please give details)

Do you feel the applicant is ready to follow an individually tailored training programme, the content of which will be decided in negotiation with them?

Yes ☐ No ☐

How long do you think the applicant will require accommodation in Flax Foyer?

less than 3 mths ☐ 3–6 mths ☐ 7–9 mths ☐ 10–12 mths ☐ more than 1 year ☒

Are you will to maintain supportive contact with the applicant during their stay in Flax Foyer?

Yes ☐ No ☐

If not, who will be allocated to work with this person?

Are there any further comments you would like to make regarding the suitability of the applicant for the Foyer?

Signature:

Date:

EQUAL OPPORTUNITIES MONITORING FORM

TO BE COMPLETED BY ALL APPLICANTS

NB Housing operates an equal opportunities policy and does not discriminate on the grounds of religious belief, creed, race, sexual orientation, disability or political opinion.

To demonstrate our commitment of equality of opportunity we are required to monitor the community background of all our applicants.

PLEASE DO NOT WRITE YOUR NAME ANYWHERE ON THIS FORM

Section A

I am a member of (please tick as appropriate)

Roman Catholic ☐ Protestant ☐ other (please specify) _____ Community

Section B

I am (please tick as appropriate)

Male ☐ Female ☐ Other (please specify) _____

Section C

Disability Discrimination Act

The Disability Discrimination Act protects people with disabilities from unlawful discrimination. It defines disability as a "physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability? **YES / NO**

Section D

What is your Ethnic Background?

White ☐ Black ☐ Asian ☐ European ☐ Traveller ☐ Mixed Race ☐

Other ☐ Please Specify _____

Section C

What is your sexual orientation?

Heterosexual ☐ Homosexual ☐

Bisexual ☐ Other ☐

Prefer not to say ☐

Please separate this monitoring form from your application and place the completed form in the envelope provided. Return your application and monitoring form to Flax Foyer.

Thank you.

APPENDIX 2 - Application - Applicant

Date

Name

Address

Dear _____,

RE: Application for Flax Foyer

I acknowledge receipt of your application for Flax Foyer. I advise that an assessment has been arranged for you at Flax Foyer on

_____.

You need to bring 2 forms of identification with you. Acceptable proofs of identification are driving licence, passport, birth certificate, national insurance number, card or bank/credit card.

A tour of the building and a flat will be facilitated on this date.

If this time is unsuitable or if you have any other queries, please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name

Foyer Support Worker

APPENDIX 2 - Application – Referral Agent

Date

Name

Address

Dear _____,

RE: Application for Flax Foyer

Please find enclosed a copy of letter sent to _____ inviting him/her (delete as appropriate) for an assessment on _____ at Flax Foyer.

You are very welcome to attend this assessment with your client, If you would like to do so please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name

Foyer Support Worker



Appendix 3

PREPARATION FOR THE INITIAL ASSESSMENT

Applicants Name:		Date:	
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Questions to be asked arising from information in application:

I have planned questions for the relevant areas of support and recorded them on the assessment record sheets	
I have planned questions relating to – “safety: me and others” and risk assessment	
I have checked if an interpreter is needed and arranged one if appropriate	
I have invited others to attend and checked accessibility requirements and made necessary arrangements	

I have spoken to/ invited the following people for the client’s professional contact list:

Name:	Role:	Date:

Applicant Signature:		Date:	
Staff Signature:		Date:	

INITIAL ASSESSMENT

Applicants Current Address:		Telephone no:	
Others Attendees:		Interviewer (s):	

HOUSING

Why do you need accommodation?

Have you ever lived in a hostel or supported accommodation?
Record details and dates of stay and reasons for leaving

Are you registered as homeless?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, advised to go to NIHE and register <input type="checkbox"/>	
Breakdown of points:	Areas of choice:

What experience do you have of living independently? Record details	
Cooking	
Cleaning	
Budgeting	
Other	

FOYER

The Foyer provides accommodation and support. You will be expected to engage with support provided by staff, which will involve attending meetings, training or education and/or other activities. Are you willing to commit to this?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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INCOME/BENEFITS

Are you currently working or in receipt of benefits/training allowance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide details:

Income	Amount	Frequency
	£	
	£	
	£	
	£	

EDUCATION/TRAINING/EMPLOYMENT

Are you currently in education, training or employment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

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Please list any qualifications/certificates/diplomas:

Subject:	Level & Grade

HEALTH AND WELLBEING

Do you consider yourself to be in good physical health? Do you have any problems with mobility and/or self-care?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Details:

Medication and how this affect's you?

Do you have any past/current problems with your mental health?

Past	<input type="checkbox"/>	Current	<input type="checkbox"/>	None	<input type="checkbox"/>
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Details:

Medication and how this affect's you?

Any self-harm/suicide attempts? If so, what are the triggers?

DRUG USE

Do you have any past/current issues with drug use?					
Past	<input type="checkbox"/>	Current	<input type="checkbox"/>	None	<input type="checkbox"/>
Substance	Method of use		How Much	Behaviour presented	

Have you ever experienced withdrawal symptoms?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

Have you ever experienced overdose?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

ALCOHOL USE

Have you any past/current issues with alcohol?					
Past	<input type="checkbox"/>	Current	<input type="checkbox"/>	None	<input type="checkbox"/>
Details:					

Have you ever experienced withdrawal symptoms?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

OFFENDING

Do you have you a criminal record? See application form			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

Are you currently or have you ever been involved with Social Services or Probation Board/Youth Justice? See application form			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

Are you currently on bail/tag? See application form			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of alleged crime and conditions:			

SOCIAL AND FAMILY BACKGROUND

Do you have contact with your family? Would you be happy for them to visit you at the Foyer?

Yes☐**No**☐**Details:**

Do you have a network of friends?

Yes☐**No**☐**What are their ages and do you have regular contact with them?****LIFE SKILLS**

Flax Foyer provides help with improving life skills such as cooking, cleaning and personal hygiene, budgeting and benefits. Would you be interested in any of these services?

Yes☐**No**☐**Details:**

Flax Foyer provides information and can source help with areas such as sex education, depression and anxiety, suicide and self-harm, bereavement, drug and alcohol addiction. Would you be interested in any of these services?

Yes☐**No**☐**Details:**

Are there any other areas you would like support with?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

Is there anything else you would like to tell us about yourself? Including previous experience and achievements, work experience or volunteering, interests in art, music, sports or other skills?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details:			

Applicant Signature:		Date:	
Staff Signature:		Date:	

Issues Arising from Application and Assessment Forms

Housing:

Education/Training/Employment:

Health:

Drug and Alcohol Use:

Offending:

Social and Family Background:

Life skills:

General/Identification/Proof of Income:

Additional Information/Background checks:
Continue on separate page if required:

Assessed Need:		
Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Details:		

Outcome:		
Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>	Deferral <input type="checkbox"/>
Reasons if not accepted/deferred:		

Staff Signature:		Date:	
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Appendix 4 – Offer – List - Applicant

Date

Name

Address

Dear _____,

RE: Offer of Accommodation – placed on list

I am pleased to be in the position to inform you that you have been accepted for a place in Flax Foyer.

However unfortunately we have no available flats at this time. If you wish to remain on a list for a place we will be only too happy to keep your details on the database.

Please let me know if you want to remain on the list or not by contacting me on (028) 90593301.

Yours sincerely

Name

Foyer Support Worker

Appendix 4 – Offer – list – Referral agent

Date

Name

Address

Dear _____,

RE: Offer of Accommodation – placed on list - name

You recently referred the above applicant to Flax Foyer for accommodation.

I am writing to advise you that they have been successful in their assessment for accommodation at Flax Foyer. Contact will be made once a flat becomes available.

If you have any queries please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name

Foyer Support Worker

Appendix 5 – Deferral – Applicant

Date

Name
Address

Dear _____,

RE: Deferral

Thank you for attending the assessment on _____ in the Flax Foyer.

It is the opinion of both myself and the Foyer Manager that at present you would require a higher support level than we are able to provide. However if in _____ months' time you have

we will offer you another assessment here in the Foyer.

We would like to invite you to contact us in _____ months from the date above to see how you are progressing.

If you have any queries please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name
Foyer Support Worker

Appendix 5 – Deferral – Referral agent

Date

Name

Address

Dear _____,

RE: Deferral - Name

You recently referred the above applicant to Flax Foyer for accommodation.

I am writing to advise you that the application has been deferred for accommodation for a period of _____ months. The applicant has been advised in writing of this decision.

If you have any queries please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name
Foyer Support Worker

Appendix 6 – Refusal – Applicant

Date

Name

Address

Dear _____,

RE: Refusal

I regret to inform you that you have not been successful in your application for accommodation at the Foyer.

Unfortunately, we cannot accept you at this time as it is our opinion that you are in need of greater support than we are in the position to offer. We have to take into consideration the risk assessment that is carried out and weigh this against the interests of our existing client group as a whole.

I would like to take this opportunity to wish you all the best in the future.

Please find enclosed a copy of our appeals procedure and a list of accommodation providers which you may use if you wish to appeal this decision.

Yours sincerely

Name

Foyer Support Worker

Appendix 6 – Refusal – Referral agent

Date

Name

Address

Dear _____,

RE: Refusal - name

You recently referred the above applicant to Flax Foyer for accommodation.

I am writing to advise you that the application has been unsuccessful. The applicant has been advised in writing of this decision.

If you have any queries please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name
Foyer Support Worker

Appendix 7 – Offer – Move in - Applicant

Date

Name
Address

Dear _____,

RE: Offer of Accommodation

NB Housing is pleased to offer you (under the terms and conditions of the Joint Contract and Licence Agreement) a self-contained flat in The Flax Foyer commencing on **Monday** _____.

Your address will be Flat _____, Flax Foyer, 16 Flax Street, Belfast, BT14 7EJ.

The rent charge is £_____ per week.

Please attend the Foyer on _____ to view the accommodation and confirm your acceptance/refusal. You will need to complete the necessary sign up information at this time.

This offer is made to you on the condition that:

1. The facts given in your application are correct and have not changed to date. If there have been changes you must notify us immediately before accepting this offer.
2. The premises will be vacant and available for occupation. While we make every effort to ensure that the property is vacant on the above date, we cannot accept responsibility should anything arise which prevents occupation.
3. You accept the conditions stated in the Flax Foyer Joint Contract and Licence Agreement.
4. You provide 2 pieces of ID, proof of your income and details of your training and/or employment.
5. You must move into the flat on the commencement of occupancy date.
6. [add any other conditions agreed, for example, attendance at Daisy, etc].

Please note that failure to respond to this offer and attend for viewing and sign up as detailed above will result in withdrawal of the offer.

Yours sincerely

Name
Foyer Support Worker

Appendix 7 – Offer – Move in – Referral agent

Date

Name

Address

Dear

RE: Offer of Accommodation - name

You recently referred the above applicant to Flax Foyer for accommodation.

I am writing to advise you that the application has been successful and they have been offered accommodation. The applicant has been advised in writing of this decision.

If you have any queries please do not hesitate to contact me on (028) 90593301.

Yours sincerely

Name
Foyer Support Worker