



Homes for Haringey

## TENANT INFORMATION

Why we want to know:

Homes for Haringey is committed to improving our services and ensuring that everyone is provided with a service in the way that they need it. Haringey is a community of people from many backgrounds and with different needs.

We want to treat everybody equally. In order to check this we are asking every tenant to provide us with information about themselves by completing this questionnaire.

How we will use the information:

- To make sure that we provide everyone with services in the way that they need them.
- To measure whether our services are being provided fairly, equally and effectively to everyone.
- To make sure that everyone receives a good service.

All the information that you provide will be treated in confidence and will be used in accordance with the Data Protection Act 1988. Access to information will be restricted and the information will only be provided to those involved in the delivery of our services directly or on our behalf.

Please advise your tenancy management officer or housing manager of any updates or changes in the information provided.

<b>1. ADDRESS</b>	
<b>Tenant 1</b>	<b>Tenant 2</b>
Name	Name
<b>2. GENDER</b>	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>3. DATE OF BIRTH</b>	
____/____/____	____/____/____
<b>4. CONTACT DETAILS</b>	
Your phone number (home)	Your phone number (home)
Your phone number (mobile)	Your phone number (mobile)
Your phone number (work)	Your phone number (work)
Which phone number would you prefer to be contacted on? home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/>	Which phone number would you prefer to be contacted on? home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/>
Your e-mail address	Your e-mail address
Your fax number	Your fax number
Name of emergency contact	Name of emergency contact
Emergency contacts phone number	Emergency contacts phone number

## DEMOGRAPHIC INFORMATION

<b>5. ETHNIC BACKGROUND</b>		
How would you describe your ethnic background?		
	Tenant 1	Tenant 2
<b>White</b>		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Turkish Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Other - <i>please specify</i>		
<b>Black or Black British</b>		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other black background - <i>please specify</i>		
<b>Asian or Asian British</b>		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian - <i>please specify</i>		
<b>Mixed</b>		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed background - <i>please specify</i>		
<b>Other</b>		
Other ethnic group - <i>please specify</i>		

## 6. RELIGION OR FAITH

Do you have a religion or faith?

	Tenant 1	Tenant 2
No Religion	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>
Other - <i>please specify</i>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

## 7. SEXUAL IDENTITY

How would you describe your sexual identity?

	Tenant 1	Tenant 2
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bi-sexual	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

## 8. DISABILITY OR IMPAIRMENTS

The definition of disability according to the Disability Discrimination Act 1995 is "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carryout normal day-to-day activity."

	Tenant 1	Tenant 2
I have a disability or impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have a learning disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have mental health problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 9. INDIVIDUAL NEEDS

Do you have any other particular needs which we should know about so that we can ensure you are able to access our services and ensure that we provide our services in the way that you need.

	Tenant 1	Tenant 2
1) I do not have any needs – <i>please go to 16</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) I do have one of the following needs:		
a) I need information in a different format? i.e. Braille, tape or large print	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) I have a mobility problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) I need information translated or interpreted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) I need help reading or writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) I refuse to provide information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the tenant/s has answered yes to any of these questions, please complete the rest of this form to record their needs.

Visual impairment – p. 6

Hearing impairment – p.6

Mobility problems – p.6

Problems with reading and writing – p.7

Language needs – p.7

If the tenant/s has no needs or has refused to answer the question go to page 8 to complete the form. All forms should be sent to the Rent Accounts team via internal mail.

## ABOUT YOU

### 10. VISUAL IMPAIRMENT

	Tenant 1	Tenant 2
a) I have a visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
b) I need essential information in Braille	<input type="checkbox"/>	<input type="checkbox"/>
c) I need information on audio tape	<input type="checkbox"/>	<input type="checkbox"/>
d) I need deafblind interpreter (using touch)	<input type="checkbox"/>	<input type="checkbox"/>
e) I need information in large print	<input type="checkbox"/>	<input type="checkbox"/>

### 11. HEARING OR SPEECH IMPAIRMENT

	Tenant 1	Tenant 2
a) I have a hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
b) I have speech impairment	<input type="checkbox"/>	<input type="checkbox"/>
c) Send text messages instead of phoning me	<input type="checkbox"/>	<input type="checkbox"/>
d) Send fax instead of phoning me	<input type="checkbox"/>	<input type="checkbox"/>
e) I need a British Sign Language interpreter	<input type="checkbox"/>	<input type="checkbox"/>
f) I need to lip read, so please ask staff to face me when speaking	<input type="checkbox"/>	<input type="checkbox"/>
g) Contact me using Typetalk	<input type="checkbox"/>	<input type="checkbox"/>
h) I need a hearing loop	<input type="checkbox"/>	<input type="checkbox"/>
i) Send e-mails instead of phoning me	<input type="checkbox"/>	<input type="checkbox"/>

### 12. MOBILITY

	Tenant 1	Tenant 2
a) I have a physical disability	<input type="checkbox"/>	<input type="checkbox"/>
b) I need longer to answer the door	<input type="checkbox"/>	<input type="checkbox"/>
c) I use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
e) I can only get to upper floors if there is a lift	<input type="checkbox"/>	<input type="checkbox"/>

### 13. PROBLEMS WITH READING AND WRITING

	Tenant 1	Tenant 2
a) I have problems with reading and writing	<input type="checkbox"/>	<input type="checkbox"/>
b) I need picture and symbol format	<input type="checkbox"/>	<input type="checkbox"/>
c) I need help with writing	<input type="checkbox"/>	<input type="checkbox"/>
d) I need help with reading	<input type="checkbox"/>	<input type="checkbox"/>

### 14. LANGUAGE NEEDS

Tenancy Management Officers to signpost residents to ESOL courses and language support opportunities where appropriate – refer to work instructions for details

	Tenant 1	Tenant 2
a) Do you have any language support needs?	<input type="checkbox"/>	<input type="checkbox"/>
b) What language do you speak? - <i>please specify</i>		
c) What language do you read? - <i>please specify</i>		
d) I have access to my own language support (family members/friends can translate or interpret)	<input type="checkbox"/>	<input type="checkbox"/>
e) I need an interpreter for essential interviews or appointments	<input type="checkbox"/>	<input type="checkbox"/>
f) I need essential documents to be translated	<input type="checkbox"/>	<input type="checkbox"/>

### 16. HAVE MY SAY

	Tenant 1	Tenant 2
Add my details to the resident involvement database so that I can be told about opportunities to give my opinions on Homes for Haringey services.	<input type="checkbox"/>	<input type="checkbox"/>

### 17. Access to enhanced repairs service

- a) If tenant is over 75 and there is no-one else living in the home who is neither under 75 nor disabled tick box below to access enhanced repairs service.
- b) If a tenant is a Supported Housing tenant and there is no-one else living in the home who is neither under 75 nor disabled tick box below to access enhanced repairs service.
- c) If a tenant has a disability or sensory impairment and there is no-one else living in the home who is neither under 75 nor disabled please complete **Access Enhanced Repairs form** checking the required evidence.

- Tenant is over 75
- Tenant lives in Homes for Haringey Supported Housing
- Tenant has disability or sensory impairment and provides evidence
- No-one younger than 75 or without a disability in the home

	Tenant 1	Tenant 2
Eligible to access enhanced repairs service	<input type="checkbox"/>	<input type="checkbox"/>

**18. CONSENT** I understand that the information I have provided will be used for monitoring purposes and where it is necessary in order to deliver a good service to me. (Only practical information that will serve a specific purpose will be shared with Homes for Haringey staff and contractors, for example, if you have indicated that you have a mobility problem, we will instruct our repairs operatives to expect to wait longer for you to answer the door).

	Tenant 1	Tenant 2
<b>Signature</b>		
<b>Date</b>		
<b>Name of Officer &amp; Team</b>		

## DO NOT COPY THIS FORM OR KEEP IT IN TENANTS' FILES

Place this form in the Individual Needs Form collection pouch to be collected by internal mail every Friday for delivery to Rent Accounts Team.