

everybody counts

Incommunities

homeowner census



valuing our customers

about this census

Incommunities provides services to people living in more than 22,000 homes across the Bradford District – including over 1,000 homeowners. As one of our homeowner customers, it is important that we know about your needs so that we can tailor our services to meet them. This census form asks for up-to-date information about you to help us do this. There are 23 questions. You may feel some of the questions are too personal but please answer as many as you can. The information you give us will help us to provide you with homeowner services that meet your needs.

what will we do with the information?

All information you give us will be treated in strictest confidence. We will use it in the following ways:

- to update our computer systems to make sure we take account of your needs when we send you information or if we need to visit you, for example if you need large print or have difficulty with forms
- to monitor our services to make sure they are being provided fairly to everyone
- to help us lobby for resources in the future to meet the changing needs of our customers
- to help us plan our services more effectively to ensure we deliver value for money to our homeowner customers

We will be able to do some of these things straight away, like monitoring our services. Other things may take a little longer to put in place, like sending you correspondence in another language or format. This is because we have asked for a lot of information from all our customers and it will take some time for all our computer systems to be updated so we can use this information effectively.

We have also asked you if we can share this information with our contractors so that they can meet your needs too but we will only share this information if you give us permission to do so.

free
prize
draw

win £250 in vouchers!

Simply complete this census and return it to us in the pre-paid envelope provided for your chance to win £250 in vouchers! Your completed census should reach us by 15 May 2009.

If you have any queries about the questions in this form, or if you would like help in filling it in, then please speak to a member of the Leasehold Team on 01274 254275 or speak to your local Incommunities office listed on the back of this census.

If you would like this information in any other format including large print, audio CD/ tape, Braille or translated into another language please telephone 01274 254321.

- please complete this census using a black or dark blue pen

▶ **part 1: contact details** please tell us your contact details so we can update our records

1a: please tell us the address of the property you own

address (please print in BLOCK CAPITALS):
 postcode:

1b: do you sub-let this property?

(please tick): yes ▶ please go to question 1c no ▶ please go to question 2

1c: if you have answered Yes to Q1b above, please tell us the correspondence address you would like us to use:

address (please print in BLOCK CAPITALS):
 postcode:

2: please complete details below for all people named on the lease of your property

homeowner 1	homeowner 2																		
last name:	last name:																		
other names:	other names:																		
title (please tick): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="checkbox"/>	title (please tick): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="checkbox"/>																		
date of birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	date of birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y		
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												
(please tick): male <input type="checkbox"/> female <input type="checkbox"/>	(please tick): male <input type="checkbox"/> female <input type="checkbox"/>																		
Home phone no:	Home phone no:																		
Work phone no:	Work phone no:																		
Mobile:	Mobile:																		
Minicom:	Minicom:																		
Email address:	Email address:																		
national insurance number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										national insurance number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

▶ **part 2: about you**

In this section we ask for personal information that you may find sensitive. All replies will be treated in the strictest confidence and you can refuse to answer any particular question, however, we would be grateful if you could answer as many as you can.

3: to which of these groups do you consider you belong? Please tick **one** box for each homeowner. The numbers here should match the number you gave each homeowner in Part 1

	homeowner 1	homeowner 2
White:		
British		
Irish		

continued from previous page ...

Eastern European		
Gypsy/Romany/Irish Traveller		
Other White please write in:		
Mixed:		
White and Black Caribbean		
White and Black African		
White and Asian		
Other Mixed please write in:		
Asian or Asian British:		
Indian		
Pakistani		
Bangladeshi		
Other Asian please write in:		
Black or Black British:		
Caribbean		
African		
Other Black please write in:		
Other Ethnic Groups:		
Chinese		
Other please write in:		

4: what is your religion? Please tick **one** box for each homeowner. The numbers here should match the number you gave each homeowner in Part 1

	homeowner 1	homeowner 2
no religion		
Christian (all denominations)		
Buddhist		
Hindu		
Jewish		
Muslim		
Sikh		
any other religion please write in below:		
prefer not to say		

5: how would you describe your sexual orientation? Please tick **one** box for each homeowner. The numbers here should match the number you gave each homeowner in Part 1

	homeowner 1	homeowner 2
Heterosexual/straight		
Gay man		
Gay woman/Lesbian		
Bisexual		
Other		
prefer not to say		

6a: is your gender identity the same as the gender you were assigned at birth? Please tick **one** box for each homeowner. The numbers here should match the number you gave each homeowner in Part 1

		homeowner	
		1	2
yes	▶ go straight to question 7		
no	▶ please answer question 6b below		
prefer not to say	▶ go straight to question 7		

6b: do you live full-time in the gender role opposite to that assigned at birth?

		homeowner	
		1	2
yes			
no			
prefer not to say			

7: does anyone named on your lease consider themselves to be disabled?

The Disability Discrimination Act (1995) defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

Tick **one** box for each Homeowner

		homeowner	
		1	2
yes			
no	go to question 9 if no-one is disabled		

8: if you have answered 'yes' to question 7 please tell us the nature of the disability of each person. Please tick as many boxes as apply for each homeowner. The numbers here should match the number you gave each homeowner in Part 1

		homeowner	
		1	2
Wheelchair user			
Mobility Impairment			
Sensory Impairment:	Sight/visual Hearing		
Learning impairment			
Mental health condition			
Long-standing illness or health condition (for example cancer, diabetes, epilepsy etc.)			
Other please write in:			

9: do you have a family member, friend or support worker who helps you with matters relating to your lease?

(please tick): yes ▶ please go to question 10 no ▶ please go to question 11

10: do you give your permission for us to discuss matters concerning your lease with this person?

(please tick): yes ▶ please give details below no ▶ please go to question 11

Name of support person (please print in BLOCK CAPITALS):.....

Relationship to you (e.g. family member, friend, support worker etc)

address:..... postcode:

telephone no:.....

11: please give us details of your next of kin to contact in the event of an emergency.

Name (please print in BLOCK CAPITALS):.....

Relationship to you:

address:..... postcode:

telephone no.:.....

part 3: communication

12: if English is your first language and you have difficulty with reading and writing, please tell us below. Please tick

	homeowner	
	1	2
I have difficulty with reading		
I have difficulty with writing		

13: to communicate with us, do you need to use any of the following? Please tick as many boxes as apply for each homeowner.

	homeowner	
	1	2
British Sign Language (BSL)		
Sign Supported English		
Makaton		
Lip Reading		
Minicom		
Text messaging		
Bliss		
Deaf/Blind communication		
Induction Loop		
Other please tick and write in below:		

14: if English is not your first language, what other language would you like us to communicate with you in? Please write in spoken and written language preferred for each homeowner in the boxes provided.

	homeowner	
	1	2
Spoken		
Written		

15: if you would prefer the information you receive from us to be in an alternative format, please tell us. Please tick as many boxes as apply for each homeowner.

	homeowner	
	1	2
Email		
Large Print		
Audio CD		
Audio Tape		
Braille		
Other please tick and write in below:		

part 4: additional services

16: would you like help to find work? For example placements, work experience, assistance with job searches. Please tick below:

	homeowner	
	1	2
yes		
no		

17: would you like support in getting additional training or developing your skills? For example computer skills, NVQs, basic Maths and English, interview skills etc. Please tick below:

	homeowner	
	1	2
yes		
no		

18: do you need financial advice? For example help with bills, managing your money, debt advice or financial support. Please tick below:

	homeowner	
	1	2
yes		
no		

▶ **part 5: adapting our services**

Part 5 is about adapting the way we provide services to you if you live in the property you own that you have told us about in **Q1a**.

If you:

- ▶ Live in the property you own please answer the questions in **Part 5** then continue to **Part 6**
- ▶ Sub-let the property you own please go straight to **Part 6**. You do not need to answer the questions in **Part 5**

19: do you or any person who lives with you at the property you own, have religious or cultural requirements that you would like us to be aware of when we visit you at home or when you call in to your local Incommunities office?

(please tick): yes no

If **yes**, please give details below:

20: are there any alterations or adaptations you need in the property you own that would help you or your family with a disability that you have told us about in question 7 and question 8?

(please tick): yes no

If **yes**, please describe the changes you need. In order to progress this you may first need an Occupational Therapist recommendation and there is a waiting list.

Please note: As a homeowner you may be required to pay for the cost of any alterations or adaptations.

21: do you, or any person who lives with you in the property you own, have any disability related needs that you would like us to be aware of when we visit you or when you call in to your local Incommunities office?

(please tick): yes no

If **yes**, please give details below:

22: do you need any additional services? We will do our best to meet your needs but it may not always be possible to do so. Please tick as many boxes as apply for each of the homeowners

	homeowner	
	1	2
Provide a hearing loop		
Knock loudly when visiting me		
Ring/knock for a long time when visiting me		
Write to me before visiting		
Telephone me before visiting		
Provide an interpreter Please state which language:.....		
Only visit me on the following days: (please tick): Mon <input type="checkbox"/> Tue <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>		
Other please state:.....		

part 6: your consent

23: if you have provided information in response to any of the following questions: 8, 13, 14, 15, 19, 20, 21, 22 -

do you give us permission to pass on this information to our contractors and partners? This is so they can provide an improved service to you, for example sending you information in the format of your first choice (e.g. large print). They will keep this information in the strictest confidence. Please tick below for each of the two main homeowners

	homeowner	
	1	2
yes, I give my consent		
no, I do not give my consent		

thank you for completing this form

Please now sign and date the back of this form and return it to us in the pre-paid envelope provided for your chance to win £250 in vouchers! Completed census forms should reach us by 15 May 2009.

▶ If you have any comments about this form or anything else you would like to tell us, please let us know on the next page.

**free
prize
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Thank you for completing this census. Don't forget to sign and date this census below and return it to us in the pre-paid envelope provided for your chance to win £250 in vouchers!

Your completed census should reach us by 15 May 2009.

Three lucky winners will be announced in your autumn @home newsletter.

- The information you have provided will be kept confidential by Incommunities unless you have given permission for us to share certain information with our contractors. We will use the information to improve the services we deliver to you.

I consent to Incommunities recording and processing the information given in this census form. I agree that this information can be used for monitoring purposes and my consent is conditional upon Incommunities complying with their obligations under the Data Protection Act 1998.

I also declare that the information I have given in this census is correct to the best of my knowledge.

signed (homeowner 1):..... date:

signed (homeowner 2):..... date:

If you would like to contact your local Incommunities office, then please telephone us on:

Incommunities - aire-wharfe

tel: 0845 166 0100

Incommunities - east

tel: 01274 257200

Incommunities - north

tel: 01274 254400

Incommunities - shipley

tel: 01274 257300

Incommunities - south

tel: 01274 254900

Incommunities - west city

tel: 01274 254700

If you would like this information in any other format including large print, audio CD/tape, Braille or translated into another language please telephone 01274 254321

Pokud chcete tyto informace v jakémkoli jiném formátu včetně zvětšeného tisku, audio CD/kazety, Braillova písma nebo překladu do jiného jazyka, volejte prosím na telefonní číslo 01274 254321.

Ak chcete tieto informácie v inom formáte vrátane zväčšeného písma, zvukového CD/kazety, slepeckého písma alebo v preklade do iného jazyka, zavolajte na tel. číslo 01274 254321.

Jeżeli potrzebują Państwo tą informację w innym formacie np. wydruk duża czcionką, na płycie audio CD/kasecie, w języku Braille'a lub w tłumaczeniu prosimy o kontakt telefoniczny pod numerem 01274 254321.

نہمگر دہنویت نہم زانباریانہم بہ ہر شیوازیکی تر بو دابین بکریٹ، لہوانہ بہ چابی پیتی گہورہ، بہ سیدی یان شریتی دہنگ، بہ شیوازی بریل یاخود وەرگیردراو بو زمانیکی تر، نکایہ تہلفون بو ژمارہ 01274 254321 بکہ.

اگر می خواهید این اطلاعات را به شکل دیگری مانند حروف درشت، سی-دی/نوار صوتی، یا خط بریل و یا ترجمه شده به زبان دیگری در اختیار داشته باشید، خواهشمند است با شماره تلفن 01274 254321 تماس بگیرید.

اگر آپ یہ معلومات کسی اور شکل بشمول بڑے حروف کی چھپائی، آڈیو سی ڈی/ٹیپ، بریل میں حاصل کرنا چاہتے ہیں یا کسی اور زبان میں ان کا ترجمہ کروانا چاہتے ہیں تو براہ مہربانی 01274 254321 پر فون کریں۔

 **business for neighbourhoods**


INVESTOR IN PEOPLE

www.incommunities.co.uk

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for office use

date sent

date received

comments

IC:V1 3/09