



From: _____

Agency: _____

Contact tel: _____

Attn: _____ Fax/Email: _____

Date Sent _____ Pages _____

Subject **Supporting Adult Independent Living : Referral Application**

Date _____ Pages _____

Client Name _____ N.I. No: _____

Supporting Adult Independent Living has a distinct advantage over other projects in the Voluntary and Statutory Sector, in that it has greater flexibility in its day to day functioning and the service delivery. The Project is staffed 24 hours a day, seven days a week, this ensures that each resident can progress at their own pace in acquiring self-confidence, self-worth, and a feeling of belonging. This is particularly important for those who have experienced long term institutional care for mental illness, addictions and the associated traumas, many of whom have previously been placed to live independently in the community but were ill equipped to cope with the pressures of being alone in the isolation of an un-supporting environment.

The client group at the Supporting Adult Independent Living includes people with mental health issues, learning difficulties, those recovering from illicit substance or alcohol misuse or those experiencing issues related to social displacement. Such provision clearly adheres to the spirit, principles and objectives of the Community Care Acts towards meeting the needs of the most vulnerable individuals in the community. The Project sees its purpose as providing long or short term housing within a safe and sheltered environment where individuals can develop to their full potential. Supporting Adult Independent Living also encourages residents to work towards re-integration into the community and ultimately aims to support the transition to sustained independent accommodation

Supporting Adult Independent Living Access Criteria

- ***Please note that all applications must be accompanied with a support letter on letter headed paper from the referee.***

Tick Box to confirm that the support letter is attached to your correspondence

- All perspective applicants must be in need of supported accommodation.
- Those whose primary difficulties concern illicit substance or alcohol misuse will ideally be participating in a planned programme of recovery.
- Clients must be claiming, or able to claim the relevant benefits; i.e. Income Support, Incapacity Benefit, Personal Independence Payments, Employment and Support Allowance (ESA).
- Clients will generally be between the ages of 18 and 65.
- Clients must engage in the Community Mental Health services when necessary.
- Clients will ideally be receiving support from a third party i.e. NPS, Social Care, CPN, Drug Agencies, YMCA Bridge, CMHT, Learning Disabilities Team etc.
- All relevant information known to the referral agency regarding a potential service user must be passed on prior to an interview; this is to include a comprehensive risk assessment and copies of any care plans where applicable.

This fax/email is private and confidential between the sender and Supporting Adult Independent Living. In the event of misdirection the recipient is prohibited from using, copying or disseminating it or any information contained in it. Please notify the Supporting Adult Independent Living of any such misdirection

Personal Details

Title: Mr/Mrs/Miss/Ms Forename(s) _____
 Surname _____ Prefers to be called _____
 D.O.B _____ N.I. No. _____
 Contact Tel: _____ Marital Status _____

Reason for homelessness/why is accommodation needed		Date from which accommodation will be required:
Emergency Contact/Next of Kin	Name	
Address	Relationship	
	Telephone Number	
GP Name & Address		GP Telephone number
Children's names if applicable	Ages	Contact arrangements if applicable

Is the applicant registered as disabled Yes No

Does the applicant consider themselves to be disabled? Yes No

If yes to either is there any special assistance, equipment or adaptations required?

Please provide details of any health issues (including mental health issues)

Please provide details of any prescription medication currently being taken

Please provide details of income and housing history

Is the client currently in receipt of benefits? Is so please specify

Benefit	Applied (Y/N)	Awarded (Y/N)	Amount	Paid each....
Income Support			£	
Incapacity Benefit			£	
Disability Living Allowance			£	
Personal Independence Payment			£	
Employment and Support Allowance			£	
Other (please specify)			£	

Is the client currently engaged in any work, paid or unpaid? If yes please provide details.

Is the client currently engaged in any educational program or training? Please specify.

Please provide the address of the client's most recent accommodation followed by their housing history for the last **three** years including any periods of homelessness, extended hospital visits, prison terms etc. Please try to be as accurate as possible:

Address	Dates of residence	Was it private / council / rented / staying with a friend or family etc?	Are there any outstanding arrears for the property or utilities etc?

Please provide details of any other personal debts

Please provide a summary of the Service User's Support Requirements.

What type of support is the applicant looking for?

Why does the applicant think this will help them?

Which of the following describe the clients support needs? (please tick all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="radio"/> Offending | <input type="radio"/> Mental health | <input type="radio"/> Substance Abuse |
| <input type="radio"/> Vulnerability from others | <input type="radio"/> Marital Breakdown | <input type="radio"/> Family Networks |
| <input type="radio"/> Alcohol Misuse | <input type="radio"/> Emotional Issues | <input type="radio"/> Life Skills |
| <input type="radio"/> Self Harm | <input type="radio"/> Learning Disabilities | <input type="radio"/> Other |

Please explain why

Please give details of any agencies or organisations that are currently providing support, particularly in regard to the above.

Does the applicant require support in any of the following areas?

	Yes/No	Comments
Financial		
Domestic		
Relationships		
Physical		
Welfare		
Social		

What level of contact and support do you intend to maintain?	After what date will your involvement with the client cease?
Please state why you (the referee), feel that your client requires supported accommodation at Supporting Adult Independent Living?	

Risk Assessment

Please list details of any previous convictions

Please complete the following section providing details where applicable

Yes/No

Is the client subject to a 117	
Has the applicant committed any Schedule 1 offences	
Has the applicant committed any sex offences?	
Is the applicant subject to registration under the Sex Offenders act 1997?	
Has the applicant committed arson?	
Has the applicant committed any violent offences?	
Has the applicant a history of illicit substance use?	
Is the applicant currently using illicit substances?	
Does the applicant have alcohol related problems?	
Does the applicant have a history of psychiatric illness or treatment?	
Does the applicant have a history of self-harm or attempted suicide?	
Has the applicant behaved aggressively or violently?	
Has the applicant ever damaged someone's property?	
Is the applicant subject to an anti-social behaviour order?	
Does the applicant have a probation officer or resettlement officer?	
Is the applicant subject to any section of the Mental Health Act 1983?	

Has the applicant ever been subject to child or adult safeguarding measures (either as a victim or the perpetrator)?	
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Areas of risk

Do you think the applicant could be considered as presenting any of the following risks? (please tick)

	High	Medium	Low	N/A
To themselves				
To the public				
To staff				
To other residents				
To particular known person				
From others				

Detail early warning signs and relapse indicators
If the above signs appear detail action or response to be taken

Confidential Policy

Supporting Adult Independent Living strives to maintain confidentiality when a resident speaks to staff members in private and asks that the information is kept confidential. Wherever possible staff members will endeavour to respect the desire for confidentiality and only share information with other staff members if it is necessary to the welfare of the project. In some instances staff may be required to report information that has been given in confidence to the Project Manager or Service Provisions Director, who may also be required by law to report to a third party.
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While you are living at the Supporting Adult Independent Living, we will respect your right to confidentiality. As a general rule any information about yourself will be deemed confidential unless you decide otherwise. There may be times however when we need to discuss your support needs with other carers and services involved in your care and support, we will only do this with your consent/

Declaration

I hereby give my consent for the staff at Supporting Adult Independent Living to discuss any aspect of my care and support needs with other agencies and individuals involved in my care.

It is important to inform you that there are occasions when the staff team have no alternative but to pass on information, these circumstances apply to information disclosed about illegal activities.

Declaration

I am aware that on certain occasions Supporting Adult Independent Living may contact agencies or individuals without my consent.

In order to support you we need to store information about you. Supporting Adult Independent Living always maintains confidential written support details (including personal information) for every service user. Under the terms of the Data Protection Act 1998, we must get your consent to do this.

Declaration

I give my consent to Supporting Adult Independent Living to record and store personal information on myself.

Right to Appeal

If your application has not been successful you have the right to appeal against the decision. In order to appeal, you must first address your reasons for appeal in writing to the directors, this will then be considered by the board, and once a decision has been reached you will be notified as soon as possible.

Declaration

I understand the above mentioned appeal procedure

Applicant: I have read, understood and agree to the above policies and procedures.

Signed _____ Print _____ Date _____

Equal opportunities monitoring

Sex	<input type="radio"/> Male <input type="radio"/> Female
Religion – Please specify:	
White	<input type="radio"/> British <input type="radio"/> Irish <input type="radio"/> Any other white background
Mixed	<input type="radio"/> White & Black Caribbean <input type="radio"/> White & Black African <input type="radio"/> White & Asian <input type="radio"/> Any other mixed background
Asian or Asian British	<input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any other Asian Background
Black or Black British	<input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Any other Black Background
Chinese or Ethnic Group	<input type="radio"/> Chinese <input type="radio"/> Any other ethnic group

Once Completed

Please return to

Supporting Adult Independent Living

Flat 3, Block 1,

Town Wharf

Cavell Close

Walsall

WS2 9NG

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Email: sean@supportinghomeless.org