

## **Centre 47**

### ***Application Form for flats***

***Part 1 – to be completed by applicants***

***(Part 2 – to be completed by support agency)***

C.A.S.S. 47 Nelson Street, Denton Holme, Carlisle. Tel: 01228 633651  
Fax: 01228 633654

**Application Form for Flats at Centre 47**

**Part One – To be completed by applicant**

**1. Personal Information**

Name:

Address:

Age:

Date of Birth:

**2. Where you Live**

With Parents/Relatives		In a Hostel		No Proper Address	
With Friends		In a flat/bedsit		In Care	
Other (please describe)					

How long have you lived at this address:

What was your address before that:

How long did you live there:

Why did you leave:

### 3. Support Information

Centre 47 has a worker who will meet with you and offer support. If you were to be offered a flat please tell us what support or help you think you might need.

Setting up Home		Health Problems	
Sorting out Benefits		Form filing	
Getting used to living on your own		Relationships	
Shopping & Cooking		Being more confident	
Budgeting & handling money		Alcohol	
Managing the bills		Drugs	
Dealing with Visitors			
Anything else:			

Are you in contact with any organisations? (e.g. Youth Service, Social Services, Probation, Mental Health).

At the moment    YES / NO	In the Past            YES / NO
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Who did you see:	Organisation:
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Who do/did you see:	Organisation:
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Have you been in court for offences in the last 2 years

Thefts / Burglery	
Assaults / Breach of Peace	
Drugs Offences	
Other Offences	

*Centre 47 aims to assist those who are making efforts to deal with difficulties and problems that they have – including offending. We accept that some applicants will have been before the courts. We will want to discuss any offences in an interview with you.*

**4. Finding Work**

**Centre 47 is also about helping people with training, education, employment and with personal skills. Could you tell us what courses or jobs you have done in the last 12 months.**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	
<b>5.</b>	
<b>6.</b>	

**What have you found the biggest problem to be (if any):**

**What would you like to try and do next?**

5. **Your own point of view** (*this is a very important part of the form*)

We would like to know why you think that moving into a flat at Centre 47 would be a good move for you.

*Please tell us anything about yourself – for example things that have happened in the past or what you are doing now or how you think Centre 47 can help you – which would be important for us to know when looking at your application.  
(This is part of the form will not be seen by anybody else other than CASS workers who are involved with Centre 47)*

*If this is difficult to fill in a few notes will help and we can discuss this further in an interview – but please try!*

**6. Other Matters**

**In order to assess your application for housing at Centre 47 we will need to talk to other agencies who you have contact with.**

**Do you agree with this:**

**If we accept you for a flat it is part of the agreement that you work with the Support Worker and other Centre 47 Workers and keep appointments with them.**

**Do you agree with this:**

**Signed:**

**Date:**

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**Part Two – To be completed by any person supporting the application (e.g. Worker from Statutory Services, Voluntary Organisation or other person offering support)**

**1. Applicant are referring / supporting**

**Name:**

**Address:**

**2. Organisation referring / supporting application**

**Name:**

**Tel No:**

**Organisation:**

**Address:**

**3. Brief description of the support you are offering:**

**What is the frequency of your contact:**

**5. If person moved into Centre 47 accommodation would your support change?**

**6. Attached is a brief description of the Centre 47 project. *Is there anything about the applicants background or present situation or needs which you think makes the project particularly suited to their needs?***

**Centre 47 provides services for a large number of people in need of support. Is there any information we therefore need to be aware of regarding the applicant you are supporting?**

**Signed:**

**Date:**

**We will assume that any information on this form may be shared with the applicant unless otherwise indicated**