

**WCT Application For Supported Housing May 2010**

***Personal Details***

Name:.....

Address:.....  
.....  
.....

Post Code:.....

Date of birth:.....

Telephone Number.....

NI number.....

Please indicate which forms of ID the applicant has access to:

NI Card  Original birth certificate  Driving Licence

Wage Slip  Bank Statement  Other(please state) .....

Applicants next of kin or person to contact in an emergency:

Name:.....

Relationship to applicant:.....

Address and telephone  
number(s).....  
.....  
.....

Is the applicant registered with a GP? Yes  No

If yes, please give details?

.....  
.....

**WCT Application For Supported Housing May 2010**

Does the applicant have any health problems that are relevant to the accommodation including any history of psychiatric illness or treatment?

.....  
.....  
.....

Is the applicant currently taking medication?

.....  
.....  
.....

What is the applicants current source of income?

Full time (16 hours a week or more)  Part time (less than 16 hours a week)   
Training for 16-17 year olds  Other training  Sick/disabled   
Income Support  Job Seekers Allowance  Other  .....

***Current Housing Situation***

Emergency accommodation  LA Care  Probation Hostel   
Hospital  Other hostel  Lodgings/B&B  Staying with family/friends   
Private Tenant  Prison/YOI  Council/Housing Association   
Roofless

**WCT Application For Supported Housing May 2010**

***Referring agency***

Contact name.....

Agency.....

Address.....

.....

.....

Telephone.....

Email.....

How long have you known the applicant?.....

In what capacity do you know this person?.....

What support can you provide?.....

***Other Agency involvement***

Are you receiving help or support from any other agencies apart from the person who has helped you to complete this form e.g. Probation, Social Worker, Support Worker, Connexions, Drug/Alcohol worker, Community Nurse, CPN?

Name Person	Agency they work for	Contact details

***Other Support networks(e.g. family members)***

Are there any close family members/friends that the service may need to know about who you are close to or provide you with a lot of support?

Name Person	Relationship	Contact details

**WCT Application For Supported Housing May 2010**

***Offending History and Supervision Arrangements***

Does the applicant have any convictions relating to:

Arson  Assault  Burglary  Criminal Damage  Drugs   
Sexual Offences  Theft  Other Violent offences  Other offences

If yes please give details below (including dates of conviction)

.....  
.....

Is the applicant currently in custody or institutional care?

Yes  No

If yes please give details, including release date and likely supervision on release:

.....  
.....

Does the applicant have any outstanding charges which are awaiting a court hearing?

If yes please give details.....

.....  
.....

Is the applicant subject to any of the following:

Bail  Curfew Order  Discharge Order  Exclusion Order

Final Warning  Home Detention Order  MAPPA registered

Supervision Order  Voluntary aftercare  Community Punishment Order

Community Requirement Order  Drug Rehabilitation Requirements

Anti Social Behaviour Order  LA care Order  Mental Health Supervision

**WCT Application For Supported Housing May 2010**

Please give start/end dates and any specific requirements for current orders:

.....

.....

.....

.....

***Support and Risk Management***

Support providers need information to be able to support you and manage any risks identified. WCT do not operate any automatic exclusions but may need more information either from yourself or from people whose details you have given on this form about the reasons you need support.

Reason	Yes	Comments
I am at risk in my current accommodation		
I am experiencing domestic abuse in my current accommodation		
I am experiencing harassment in my current accommodation		
I have a history of self harm or attempted suicide and need support to manage this		
Reason	Yes	Comments
I have recently left <ul style="list-style-type: none"> <li>• Prison</li> <li>• Hospital</li> <li>• Residential Care</li> <li>• Local Authority Care</li> <li>• Armed Forces</li> </ul> And need supported accommodation to help me gain skills to manage my own accommodation		
I need support to manage my physical or mental health needs		
Alcohol or drug use has caused problems for me and I need support to manage this		
Anger and violent behaviour has caused problems for me and I need support to manage this		

**WCT Application For Supported Housing May 2010**

I have moved around a lot and been unable to sustain settled living for some time		
I have never lived independently or not for a long period of time and do not feel ready for my own accommodation- I need support to develop the skills to maintain my own tenancy		
I have had problems with <ul style="list-style-type: none"> <li>• Anti Social Behaviour</li> <li>• Damage</li> <li>• Arson</li> <li>• Criminal/Offending behaviour</li> </ul>		
I need support to bring some structure to my days and to help me develop and manage a routine		
I need support to access cultural and faith needs		
I need support to; <ul style="list-style-type: none"> <li>• Access other services e.g. health care</li> <li>• Access income and benefits</li> <li>• Return to education/ training and employment</li> <li>• Join in community activities</li> </ul>		
Is there any other information that we may need to know in relation to your application?		

Please tick if any of the issues below are relevant. This information is needed to let us know what other support the applicant may need.

Alcohol issues       Drug/ Solvent Issues       Gambling

Long term illness       Mental Health Issues       Physical disability

Prostitution       Self Harm       Violence

Other  Please state.....

**WCT Application For Supported Housing May 2010**

**Other Needs**

Does the applicant require any adaptations because of a disability?

Yes  No

If yes give details

.....  
.....  
.....

Does the applicant require assistance to communicate with staff?

Yes  No

If yes give details

.....  
.....  
.....

**Areas of Risk**

Please identify the degrees of risk that currently exist around the areas listed below. If there are other risks not specified, please add them to the list. Please note this section must be completed in full, or the application will not be processed.

**Alcohol Use:**

High  Medium  Low

**Drug Use:**

High  Medium  Low

**(Re) offending;**

High  Medium  Low

**Anger/aggression**

High  Medium  Low

**WCT Application For Supported Housing May 2010**

**Physical Violence:**

High  Medium  Low

**Anti Social behaviour:**

High  Medium  Low

**Self Harm:**

High  Medium  Low

**Mental ill Health:**

High  Medium  Low

Other (please specify)

High  Medium  Low

Details

.....  
.....

Give a brief description of the most significant risk indicators which may predispose the individual to behave in a certain way.

.....  
.....  
.....  
.....

Describe any feared outcomes and any individuals or groups at risk. What might happen, how serious is it likely to be and who would be affected? When might it happen and how often?

.....  
.....  
.....  
.....

**WCT Application For Supported Housing May 2010**

Please describe events or circumstances which could trigger dangers. In what circumstances are the dangers more likely to occur. What is the worst the individual had done and in what circumstances? Is the behaviour continuing?

.....

.....

.....

.....

.....

.....

.....

.....

.....

**ANY OTHER SUPPORTING INFORMATION**

Is there any other information to support this application.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## WCT Application For Supported Housing May 2010

### **Declarations**

#### **To be signed by the applicant:**

WCT may need to contact other agencies for information so we can process the application. This could include other housing providers, the probation service or social services. The applicant agrees to this by signing the statements here.

I (the applicant) here by give my consent for any relevant agency to disclose information for the purpose of dealing with my application for supported housing. I understand that this information is to be used solely in relation to my application and will not be disclosed to any other persons without my permission.

The details I have given in this application are true and correct. I understand that if I knowingly or recklessly given any false information or withheld information about my application, I may lose my supported housing place.

Signed :

Name:

Date:

#### **To be signed on behalf of the referring agency:**

By signing this form you are declaring that all the information you have provided is accurate to the best of your knowledge. If inaccurate or incomplete information is provided it may result in your client losing the supported accommodation. The application will be kept on the service users file to which the service user will have access. Any information you wish to be kept confidential must be recorded as 'confidential third party information only'

Signed :

Name:

Date:

**WCT Application For Supported Housing May 2010**

**Monitoring Form**

We would be grateful if the applicant would complete the following form. This helps us to ensure that we are offering a service that is available to everyone. The information will be kept confidential. Please circle the answer you would like to give.

**Gender:**

Female  Male

**Ethnic Origin:**

**Asian or Asian British**

Indian  Pakistani  Bangladeshi  Chinese

Vietnamese  Other

**Black or Black British**

Caribbean  African  Other

**WCT Application For Supported Housing May 2010**

**Mixed**

White and Black Caribbean  White and Black African

White and Asian

**White**

British  Irish  Welsh  Other

**Other ethnic group( please State).....**

**I do not wish to answer**

**Disability:**

Do you have a disability? Yes  No

Do you use a wheelchair Yes  No