

Application for Support Linked to Short-Term Accommodation

Health
& Care
Services

(please note that access to support linked to accommodation will be determined by an assessment completed by the provider, yourself and other agencies if appropriate)

Service overview- Support linked to Short-Term Accommodation provides people that are homeless or at serious risk of homelessness with an initial six months support pathway from assessment to independent living. Support Linked to Short-Term Accommodation will provide you with skills and support that you require to live independently.

For referrals for 16-17 year olds please complete the script for young people

Pathway to independence: Your Support will be broken down into 4 stages, depending upon your needs will depend how long you will stay in each stage of the pathway.

- 1 Assessment stage** - during this stage you will determine with your provider what your needs are and what support you will require
- 2 Personalised Support stage** - During this stage you will agree with your provider your support plan, this will be personal to you based upon your needs.
- 3 Moving on and tenancy set up** - When you are aged 18 and over you will be supported by your provider to move on into independent living. At this stage you will be prepared and ready for move on

In order for your referral to be processed you are required to sign the below consent form.

Consent to share information; MUST BE COMPLETED OR THE REFERRAL WILL NOT BE PROCESSED

I (customer) _____ give permission for Cumbria County Council to share the information contained within this document and information supplied by other relevant agencies that are involved in my care and support. I also give permission for my current support and care agencies to be contacted for information relating to this application.

I understand that if the information on this form is untrue, incorrect false or misleading it may lead to:

- My referral being cancelled
- If an offer of support has been made then it may be withdrawn

Signature _____ Date _____ Verbal Consent given

Please return completed forms to: **Health and Wellbeing Team, The Courts, Carlisle CA3 8NA**
Or fax: **01228 221476**

Section A - Personal Details

Name Date of application

DOB Age Male Female

Current Address or Care of Address

Postcode

National insurance number

E-mail address:

Mobile telephone number

Landline telephone number

Do you consider yourself to have a disability? Yes No
If yes please give details

Do you have any dependants? Yes No
If you answer yes please give details

Child name Child age

Child name Child age

Do you have a GP? Yes No
GP Details:

Name Address

Telephone number

Section B - Your Support Networks

Other professionals involved in your support				
<i>Please give details of any other services or providers that currently support you, this could be a social worker, probation, mental health worker</i>				
Name	Agency	Contact details	What is their involvement in your support	Will they continue to support you if you move into support linked to accommodation

Do you have friends and family that provide you with support? If yes please give details?

Section C - Your current accommodation information summary

Do you own your own home?	Yes	No
Do you have a tenancy with a registered landlord?	Yes	No
Do you have a tenancy with a private landlord?	Yes	No
Are you living in supported accommodation?	Yes	No
Are you living in temporary accommodation?	Yes	No
Are you in foster care/children's home?	Yes	No
Are you a care leaver?	Yes	No

If you are a care leaver what is the expected end date of your current accommodation and care

Do you live with family friends on a permanent basis?	Yes	No
Do you live with family friends on a temporary basis?	Yes	No

If this is temporary what is the address and when do you expect to leave?

Are you in hospital? Yes No

Hospital name Reason for admission

Expected discharge date

Are you in prison/bail hostel? Yes No

Address Telephone Number

Expected release date:

Are you fleeing domestic violence? Yes No

Section D - Employment, Education, Benefits

Are you in receipt of benefits Yes No Which benefit

Weekly amount?

Are you in paid employment Yes No How many hours do you work

Do you attend college Yes No What days do you go

Do you do voluntary work Yes No What days do you go

Section E - Support Needs

Please let us know what you need support with by completing the below table

Please confirm that you agree to engage with the support from your provider Yes No

		yes	no	sometimes
Q1	I can manage my budget			
Q2	I understand the benefit system and how to ensure I claim my full entitlement			
Q3	I know where to go to get financial help and support			
Q4	I find it easy to meet new people and make new friends			
Q5	I have hobbies and interests			
Q6	I play an active part in my community			
Q7	I know what my housing options are			
Q8	I have a healthy lifestyle			
Q9	I can cook meals on a budget			
Q10	I have issues with drugs or alcohol			
Q11	I know where to go if I am concerned about my health/wellbeing			

Section F - Safety Planning

Please provide full details of your risk history, for professionals completing this form please ensure you provide up to date information and let us know if an up to date risk assessment is in place by ticking the box

Risk to self	Yes	No	Details
Physical health issues			
Social isolation			
Self Neglect			
Abuse/exploitation from others			
Non Compliance with medication			
Substance Misuse			
Self- Injurious/suicidal ideation			
Sensory disabilities			
Others			

Risk to others	Yes	No	Details
Aggressive behaviour/violence to family/public			
Risk to staff/lone working			
Anti-social behaviour			
Theft			
Threats to children			
Are you subject to MAPP/MARE			
Are you registered under the Sex Offenders Act 1997			

Housing/finance related risks	Yes	No	Details
Arson/fire setting			
Damage to property			
Unsafe living conditions			
Rent arrears			
None payment of bills			
Others			

Offence History

Please provide exact details of any current and past criminal offences

Section G - Professionals/Referring Agency completing this form

Please provide details of who completed this form if it was not the applicant in Section A

Referring agency name

Contact person

Contact details

Section H - Monitoring information

Ethnic origin as described by yourself

Any other Asian background

Any other mixed background

Bangladeshi

Black Caribbean

Indian

Traveller of Irish heritage

White and Asian

White European

Any other black background

Any other white background

Black African

Chinese

Information not yet obtained/refused

White and black Caribbean

White Irish

Any other ethnic group

Asian British

Black British

Gypsy/Roma

Pakistani

White and black African

White British