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**APPLICATION FOR SUPPORTED HOUSING**

**LEICESTER CITY COUNCIL ILS CONTRACT**

**Introduction**

The ILS supported housing service provides a non-statutory, preventative and enabling service for adults with either a learning disability or mental health needs. The core service funds a maximum number of five hours per week per person in a shared living environment and supports people to maximise their independence. It also has an important role to play in preventing escalation into statutory provision and in moving on from a 24hr supported living environment.

**Eligibility Criteria**

Applicants should:

- Be over 18 years of age

- Be a Leicester City resident

- Have a learning disability or ongoing mental health needs

- Be in receipt of a means tested benefit or entitled to receive a means tested benefit

- Not present a significant risk to themselves or to others

- Be self-medicating

**Application**

Before completing your application, please check that you agree with the following statements:

* I want to make some positive changes in my life and am willing to work with my Support Worker to achieve them.
* I understand that my Support Worker will support me to make changes or to develop practical skills but will not do them for me.

This form can be completed by you, or with the help of someone who knows you and your support needs e.g. your Social Worker, Support Worker or C.P.N. However, it is important that you read the form carefully and sign the declaration at the end. We will also need supporting information including where applicable, a copy of your latest care plan and risk assessment, to assist us in considering your application.

**ABOUT ME**

Full Name: ………………………………………… Preferred name ………………………………………

DOB: …………… Gender: …………… Ethnicity…………………………………………

Current Address: ………………………………… Usual Address (If different) ……………………….

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Tel: …………………….……………………….. Tel: …………………………………………………..

Do you have any particular communication needs? For example, need for an interpreter?

…………….……………………………………………………………………………………………………

Do you have any spiritual or cultural needs? Please describe:

………………………………………………………………………………………………………………….

**ABOUT MY SUPPORT NETWORK**

Do you have support from a Community Nurse, Social Worker or Occupational Therapist?

 **Yes No**

If so, please give name, address and contact details.

Name:

…………………………………………………………………………………………………………………………………………

Address:

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Telephone:

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Email:

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Do you have a Consultant Psychiatrist?

 **Yes No**

If so, please give name, address and contact details.

Name:

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Address:

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Telephone:

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Email:

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Do you have a GP?

 **Yes No**

If so, please give name, address and contact details.

Name:

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Address:

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Telephone:

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Email:

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Do you have support from anyone else?

E.g. friends, family, voluntary sector service.

 **Yes No**

If so, please give name, address and contact details.

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Have you lived with other people before?

 **Yes No**

If yes, please give details of your previous experience

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**MY HEALTH AND WELLBEING**

**Physical Health. Please Tick Box**

 **Which Applies to You**

1. Physical health is very poor.
2. Some physical health problems requiring treatment.
3. Physically fit and well.

Please give details of any physical health issues including any medication taken:

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**Mental Health Please Tick Box**

 **Which Applies to You**

1. Mental health causes concern everyday
2. Mental health causes concern most days
3. Mental health causes concern some of the time
4. Cope quite well with mental health most of the time
5. Feel that mental health is quite stable.

Please give details of your mental health needs and the impact on your daily life.

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**Yes No**

Do you take any medication for your mental health needs?

If so, please give details

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(If applicable) Are you responsible for your own medication?

 **Yes No**

Do you have a Learning Disability?

 **Yes No**

**Substance Misuse**

Have you ever used illegal substances?

 **Yes No**

If yes, please describe what, when and how often.

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Do you feel you have an issue with alcohol?

 **Yes No**

If yes, please describe how much you drink and how often.

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Are you currently receiving support for drug or alcohol use?

 **Yes No**

If yes, please describe the support you are accessing.

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**PRACTICAL SUPPORT**

Please indicate in which areas you need support:

* Cleaning your home
* Planning, preparing and cooking a meal
* Shopping
* Doing my laundry
* Personal hygiene / self-care
* Managing my finances / budgeting
* Dealing with correspondence
* Attending appointments

* Using public transport
* Reading or writing
* Building social relationships

**FINANCIAL SITUATION**

Are you receiving or entitled to Housing Benefit / ESA?

 **Yes No**

Do you receive DLA or PIP?

 **Yes No**

Do you currently manage your own finances?

 **Yes No**

**RISK FACTORS**

Please note that where applicable, we will need a copy of a recent (last 6 months) risk assessment before we can process your application.

Please answer the following questions in as much detail as possible:

Do you feel your behaviour has ever put others at risk? e.g. verbal or physical aggression.

 **Yes No**

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Do you feel your behaviour has ever put you at risk? e.g. self-neglect or impulsive behaviour.

 **Yes No**

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How do you feel Norton Housing and Support can help you?

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Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not the applicant, please give contact details.

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**N.B the applicant must sign the declaration below in order to progress the application.**

**How We Use Your Information**

The information on this form has been collected by Norton Housing and Support Ltd of 107 Newport Street, Leicester, and will be used in accordance with the relevant data protection legislation. In particular, it will be processed lawfully and fairly to ensure that your housing and/or support needs are identified.

Your information will be held on a computer system, and in paper format, to plan the delivery of our support service. It will be retained by Norton Housing and Support for the purposes of monitoring the source and type of applications received and your progress towards the outcomes specified in your support plan.

**As part of our Application process, the information given above may be discussed with the third parties named on the application form (your Community Nurse, Social Worker, your GP or Consultant Psychiatrist). In particular, we will require supporting information, including where applicable, your current Care Plan and Risk Assessment or Social Care Assessment without which your application cannot be progressed. To avoid delay in would be helpful to include supporting information with the application.**

**PLEASE SIGN BELOW, IF YOU AGREE TO NORTON HOUSING AND SUPPORT CONTACTING INVOLVED HEALTH AND SOCIAL CARE PROFESSIONALS FOR ADDITIONAL INFORMATION.**

Signed ……………………………………………… Date ………………………………….……...………

Please return your application to:

**Please note that we cannot process applications without a signature from the applicant.**

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**Equality and Diversity Monitoring**

Norton Housing and Support strive for high standards, both as employers and as providers of services. In so doing, we recognise the need to encourage diversity and wholeheartedly support a policy of equal opportunities in all areas of our work and responsibilities.

The purpose of this form is to help us monitor how well we are doing in attracting people from as wide a range of backgrounds as possible. The information will remain confidential and will only be used for statistical purposes.

As a result of this monitoring, we may find we need to make changes to the way in which we operate or the services we offer.

Please complete the form as fully as you feel able. However, if you do not want to answer a particular question, please tick this option.

***Thank you.***

**Equality and Diversity Monitoring Form**

***(please tick appropriate box)***

|  |  |  |
| --- | --- | --- |
| **GENDER:** |  | **AGE RANGE:** |
| * Male
* Female
* Transgender
* Do not wish to answer
 |  | * Under 25
* 25-40
* 40-55
* 55-70
* Do not wish to answer
 |
| **RELIGION / BELIEF *(please tick appropriate box):***

|  |  |
| --- | --- |
| * Atheist
* Buddhist
* Hindu
* Jewish
* Rastafarian
* Zoroastrian
* Other (please specify)

…….…………………………... | * Baha'i
* Christian
* Jain
* Muslim
* Sikh
* No belief
* Do not wish to answer
 |

 |  |  |
| **ETHNIC ORIGIN:****White*** White Irish
* White British
* White other

**Asian / Asian British*** Indian
* Bangladeshi
* Pakistani
* Other Asian origin

**Black / Black British*** Caribbean
* African
* Other Black origin

**Dual Heritage*** White + Black African
* White + Black Caribbean
* White + Asian
 |  |  |

* **Chinese**
* **Other Ethnic origin (please specify)**
* **Do not wish to answer**

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| --- |
| ……………………………………….…………………………………………… |

**DISABILITY:**

***The Disability Discrimination Act 1995 defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities."***

**Do you consider yourself to be *(please tick appropriate box):***

|  |  |
| --- | --- |
| * A disabled person
* A non-disabled person
 | * Do not wish to answer
 |

**SEXUAL ORIENTATION *(please tick appropriate box):***

|  |  |
| --- | --- |
| * Bi-Sexual
* Heterosexual
 | * Gay
* Lesbian
* Do not wish to answer
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