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**APPLICATION FOR SUPPORTED HOUSING**

**Introduction**

Norton Housing and Support provides supported housing for people with mental health needs and/or a learning disability. The service is provided in a shared living environment and supports people to maximise their independence. It also has an important role to play in preventing escalation/crisis and in enabling move on from a 24hour supported living environment.

Support will be delivered on the basis of assessed needs and in line with the agreed support plan.

Norton Housing and Support is determined to ensure that no applicant is excluded from our services for any unjustifiable reason. We welcome referrals from people with mental health needs and/or a learning disability who are in need of housing and support and strive to give full, fair and impartial consideration to each applicant.

**Eligibility Criteria**

Applicants should:

- Be over 18 years of age

- Have ongoing mental health needs and/or a learning disability

- Be eligible for a direct payment or have means of meeting the support/ineligible charge

- Not present a significant risk to themselves or to others

- Be self medicating and concordant

**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?

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

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

**Which of the following best describes how you heard about us?**

Through a family member or friend

Internet search

Social media

Adult or childrens social care

Voluntary or community sector

organisation

Leicester City Council

Another local authority

Other: Please state

……………………………………..

**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:

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

Email:

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Do you have a Consultant Psychiatrist?

 **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 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.

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

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

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:

**NORTON HOUSING AND SUPPORT, 107 NEWPORT STREET, LEICESTER, LE3 9FU**

**info@nortonhousingandsupport.org.uk**

**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)***

**Sex and gender identity**

|  |
| --- |
| Is the gender you identify with the same as your sex registered at birth? |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |
| --- |
| What is your sex? |
| Female |  |
| Male |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| If the gender you identify with is not the same as your sex registered at birth, please write in the gender you identify as: |  |

**Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18-30 |  | 31-40 |  | 41-50 |  |
| 51-60 |  | 60+ |  | Prefer not to say |  |

**Do you consider yourself to have a disability or health condition?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

|  |
| --- |
| If you have answered yes, please indicate the type of impairment which applies to you. People may experience more than one type of impairment. |
| **Mental health condition** such as schizophrenia, bipolar disorder or depression |  |
| **Physical impairment** such as mobility issues which may mean using a wheelchair or crutches. |  |
| **Sensory impairment** such as being blind/ having a visual impairment or deaf / hearing impairment. |  |
| **Learning disability** such as Down’s syndrome or dyslexia or **Cognitive impairment** such as autism or a head injury. |  |
| **Long standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease or epilepsy. |  |
| **Do not wish to say** |  |

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

|  |
| --- |
| Black, African, Caribbean or Black British |
| African |  |
| Caribbean |  |
| Prefer not to say |  |
| Any other Asian background, please write in: |

|  |
| --- |
| Asian or Asian British |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Prefer not to say |  |
| Any other Asian background, please write in: |

|  |
| --- |
| Mixed or Multiple ethnic groups |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Prefer not to say |  |
| Any other Mixed or Multiple ethnic background, please write in: |

|  |
| --- |
| White |
| English |  |
| Welsh |  |
| Scottish |  |
| Northern Irish |  |
| Irish |  |
| British |  |
| Gypsy or Irish Traveller |  |
| Prefer not to say |  |
| Any other White background, please write in: |

|  |
| --- |
| Other ethnic group |
| Arab |  |
| Prefer not to say |  |
| Any other ethnic group, please write in: |

**What is your sexual orientation?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay |  | Lesbian |  | Bisexual |  |
| Asexual |  | Pansexual |  | Undecided |  | Prefer not to say |  |
| If you prefer to use your own identity, please write in:  |

**What is your religion or belief?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No religion or belief |  | Buddhist |  | If other religion or belief, please write in: |
| Christian |  | Hindu |  |
| Jewish |  | Muslim |  |
| Sikh |  | Prefer not to say |  |