



For better
mental health

North Staffs Mind Supported Housing Application Form

We aim to provide housing with support for people with mental health problems and are willing to consider any potential application. Answering 'yes' to any of the following questions does not necessary exclude you from being offered housing with us. However, if the following apply, we would discuss with you whether our supported housing is the most appropriate service to meet your needs:-

- | | | |
|----|--|--------|
| 1) | There is a history of violence/dangerous behaviour | Yes/No |
| 2) | There is a high risk of self-harm | Yes/No |
| 3) | Alcohol abuse | Yes/No |
| 4) | Drug abuse | Yes/No |
| 5) | There is a history of offences involving arson | Yes/No |

Self referrals are quite welcome but it is anticipated that this application form will be completed jointly between the person applying and the professional making the referral.

Applicants Full Name	.....
Current Address	.....
Telephone Number	.....
Male or Female	.....
Date of Birth	.....
Age	.....

Next of Kin	.....
Address	.....
Telephone Number	.....
Relationship to Applicant	.....

Benefits - Please list below any benefits you are entitled to, remembering that if you are not eligible for housing benefit the rent level is high. This is because the rent incorporates your support costs:-	
.....	
.....	
.....	
.....	
National Insurance Number	.....

*Professional Referral Name.....
Agency and Address
.....
.....
Telephone Number

General Practitioner
Surgery Address
.....
Telephone Number

Consultant Psychiatrist
Address
.....
Telephone Number

Social Worker
Social Services Address
.....
Telephone Number

Community Psychiatric Nurse.....
Based at
.....
Telephone Number

Details of involvement of any other agencies and of any social care input the client is currently receiving:-
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Have you ever been committed to hospital under the Mental Health Act? If yes, please give details:-

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What is the nature of your illness?

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Do you have a C.P.A? Yes/No

Please give details of your current medication (including depot injections):-

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Please detail any significant medical history or physical health needs, e.g. diabetes, epilepsy, etc:-

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Have you ever been convicted of a criminal offence? Yes/No
If Yes, please give details:-
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Have you a history of the following:-

Gambling Yes/No
If Yes, please explain:-
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.....

Self-neglect Yes/No
If Yes, please explain:-
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.....

Have you ever attempted suicide? Yes/No
If Yes, how many times, what triggered it and when was the last time?
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.....

Have you ever self-harmed?
If Yes, please describe, and when was the last time you self-harmed? Who do you contact when you self harm?
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.....

If you consume alcohol, how much do you consume on a regular basis?
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.....

Would you, or the person helping you to complete this form, consider that alcohol causes you any problems in your life and if so can you describe them?
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Do you use illegal drugs, e.g. cannabis? Yes/No
If Yes, please describe your use and if any, dependency on such drugs:-
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Please tick which of the following describes your current accommodation:-

Alone in own accommodation	Hostel
Living with friends	Bed & Breakfast
Living with relatives	Homeless
Living with partner/family	Mental Health Unit
Other (please state).....	

Please give details of the above including length of time in current accommodation:-
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Have you ever lived in supported housing before? Yes/No
If Yes, what happened?
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What kind of supported housing are you looking for, e.g. long/short term, high level/low level support?
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.....
.....
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Daily Living Skills - Please elaborate on any difficulty in areas such as reading, writing, cooking, budgeting, social skills, using transport, interpersonal skills, etc.

Ability:-

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Need:-

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Do you own, rent or have the right to live in any house, flat or other accommodation. Yes/No

If Yes, please give details:-

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.....

TO THE APPLICANT

What is your view or understanding of your problem(s)? What are they, what caused them, what would help you?

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What support do you think you would need from North Staffs Mind's Housing Team?

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Any other relevant information in support of this application?
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I hereby give authority for North Staffs Mind to approach and share information with any relevant agencies in respect of my application.

I declare, that to the best of my knowledge, the details entered on this form are accurate.

I understand that if I am allocated a place in a project it will be on a one month trial basis, and if during this time I break my occupancy agreement or rules of the project I will be asked to leave.

Signed.....(Applicant) Date.....

PERSON MAKING THE REFERRAL

I support the above person's application.

If supported housing is offered by North Staffs Mind I, or a member of my team, give our commitment to be actively involved throughout the trial period and to offer guidance and support to all concerned, particularly in the event of the placement breaking down.

Signed.....(Professional) Date.....

All information given on this form will be treated with the utmost confidentiality. Please return the completed Application Form and Equal Opportunities Monitoring Form to:-

**Deb Key
Housing Project Manager
North Staffs Mind
83 Marsh Street
Hanley
Stoke-on-Trent, ST1 5HN**

Please mark your envelope PRIVATE AND CONFIDENTIAL



HOUSING SERVICE **CRITERIA OF SELECTION**

1. **All applicants should have some form of diagnosed mental illness or history of a mental health problem.**
2. **Applicants must be over 18 and will usually be under 65 years of age.**
3. **Applicants must have housing related support needs.**
4. **Applicants must be capable of living independently in the community, provided that visiting support is available ie. with minimal assistance be able to budget and look after their own monies, and provide themselves with an adequate diet.**
5. **Applicants must be willing to engage with the service and with the support offered and to participate in the production of their own support plan.**
6. **Applicants must have no outstanding housing debt - exceptions may be possible where steps are being taken to reduce the level of arrears.**

An individual may be refused a service if:

- **They have a history of violence, arson, drug or alcohol misuse and/or there is a perceived risk to the health and safety of support workers or other residents.**
- **With respect to our group homes the Housing Project Manager feels that the existing equilibrium/dynamic is likely to be unduly disrupted by the admission.**
- **The type or degree of required intervention is assessed as being incompatible with the funding criteria, skills or capacity of the service.**

Applicants whose primary difficulties are related to substance abuse will not be accepted and it should be noted that the use of, or dealing in, illegal substances on our premises is prohibited.



For better mental health

EQUAL OPPORTUNITIES MONITORING FORM

North Staffs Mind is committed to taking positive action to fight unlawful discrimination in every aspect of its work, including the services we provide. No person attempting to access one of our services shall be denied on the grounds of mental health, gender, colour, ethnicity, religious belief, sex or sexual orientation, or disability.

All applicants to our Housing Service are asked to complete this form. The information provided will only be used to try to make our services more inclusive for all local communities. A well-managed and effective service must take into account the needs of a range of individuals.

* * *

How would you prefer to describe your ethnic origin?
(The Commission for Race Equality recommends these categories)

- | | | | |
|-----------------|--------------------------|------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Black | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |

Other (please specify)

Are you disabled? Yes/No
If registered, please give number.....
If disabled, please state the nature of disability

.....

Gender Male/Female

Age

* * *

This form will be separated from your Housing Application Form on receipt and the information it contains will NOT be used in deciding whether or not to offer you accommodation. The information provided will be used ONLY for monitoring purposes and will be treated as confidential.

PLEASE RETURN THIS FORM WITH THE COMPLETED APPLICATION.

THANK YOU FOR YOUR ASSISTANCE

For office use only:-

Date received.....



WHAT HAPPENS NEXT?

If you have not already done so, you will be invited to visit the housing complex and have a chance to meet other residents and the Housing Team.

Your application will be filed until a vacancy arises. At this time selection from the waiting list will be determined on which applicant can make best use of the accommodation available whilst taking into account any circumstances that might make them a high priority. Applicants whose housing needs would be defined as a high priority include those individuals who are experiencing mental health problems who are:

- **Homeless or potentially homeless**
- **Victims of harassment whose safety is at immediate risk**
- **Victims of a social environment where the health of the applicant is being affected**
- **Socially isolated and at risk of a deterioration in their mental health**
- **Seeking to re-gain independent living skills with minimal support.**

All new referrals undergo a 28 day trial period when they move in. This will allow you time to get to know your home and the people supporting you.

At the end of this period you will have the opportunity to discuss with the Housing Team your progress and the suitability of the placement.