



Application for supported housing

Please complete as fully as possible.

If you need help with this form or would like to discuss your application, please contact the Project Manager on 01792 310153 (WISH) or 01792 460192 ext 218 (Resettlement/Peripatetic, including WISH Bernard Street and Sketty Road Project).

We will treat all the information you give us in the strictest confidence and will only use it in connection with your application.



Family Housing
ASSOCIATION (WALES) LTD

41-43 Walter Road, Swansea, SA1 5PN
Phone 01792 460192

The association has charitable status.

RESETTLEMENT/PERIPATETIC PROJECTS: -

Temporary,	self-contained	Women's only	<input type="checkbox"/>
		Swansea	<input type="checkbox"/>
		Llanelli	<input type="checkbox"/>
		Amman Valley	<input type="checkbox"/>
		Neath Young Persons	<input type="checkbox"/>
Permanent,	self-contained (floating support)	Swansea	<input type="checkbox"/>
		Carmarthenshire	<input type="checkbox"/>

WISH Project: -

Temporary,	shared	24 hour support	<input type="checkbox"/>
	self-contained	Peripatetic Support	<input type="checkbox"/>
Shared housing, (flexible daily support)		Swansea	<input type="checkbox"/>
		Pontardawe	<input type="checkbox"/>
		Neath	<input type="checkbox"/>

WISH BERNARD STREET & SKETTY ROAD PROJECT: -

Permanent,	shared	<input type="checkbox"/>
------------	--------	--------------------------

Please complete as fully as possible. If you need help with this form or would like to discuss your application, please contact the Project Manager on 01792 310153 (WISH) or 01792 460192 ext 218 (RESETTLEMENT/PERIPATETIC, including WISH Bernard Street and Sketty Road Project).

Completed applications should be sent to: -

WISH Project

Project Manager
6/7 Slate Street
Morrison
Swansea
SA6 8AY

Resettlement/Peripatetic Projects and WISH Bernard Street & Sketty Road Project

Project Manager
Family Housing Association (Wales) Ltd,
41-43 Walter Road
Swansea
SA1 5PN

**COMPLETION
DATE**

D	D	M	M	Y	Y

1. WHERE THERE IS A REFERRING AGENCY:

Agency:
Contact Name:
Position:
Address:

Telephone number:

2. APPLICANT DETAILS:

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other <input type="checkbox"/>
Forenames:						
Surname:						

N.I Number:

L		L		N		N		N		N		N		L	
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--

Sex M F

Date of Birth

D	D	M	M	Y	Y

3. LANGUAGE:

English
Welsh
Other

4. HOUSING INFORMATION:

Current Address:	
When did you move there? (month and year):	
Have you got any rent arrears?	
Have you ever been given notice to leave any accommodation? YES / NO If yes please give details:	
Previous address 1	Previous address 2
Reason for leaving:	Reason for leaving:
Dates you lived there:	Dates you lived there:
Landlord name:	Landlord name:

5. RELATIONSHIPS

Do you live with a partner? YES / NO

Partner's Details (if applicable):

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other <input type="checkbox"/>
Forenames						
Surname						

Date of Birth

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex M F

6. DEPENDANTS

Do you have any dependants who need to be accommodated with you? If so, please give details:

	1 st dependant	2 nd dependant	3 rd dependant
Their Full Name:			
Age:			
Relationship to you:			
Agencies/professionals involved:	YES / NO	YES / NO	YES / NO
Do you have parental responsibility?	YES / NO	YES / NO	YES / NO
Live with you?	YES / NO	YES / NO	YES / NO
If NO, where accommodated?			
On Child Protection Register?	YES / NO	YES / NO	YES / NO

7. COMMUNITY CARE ISSUES

Have you ever been assessed by statutory services e.g. Probation, Social Worker or Nurse? YES / NO

Have you ever been in care, supported lodgings or a residential home? YES / NO

If yes, please tell us where and on what dates:

8. AGENCIES PROVIDING SUPPORT TO YOU

Please provide details (e.g. social worker, probation service, day care, Community Mental Health Team, voluntary organisation etc.)

Agency name	Contact person	Address (If known)	Telephone number (If known)

9. DISABILITIES

Do you consider yourself disabled? **YES / NO**

Are you registered disabled? **YES / NO**

10. MEDICATION ISSUES

Are you prescribed any medication at the moment – either to do with your physical or emotional health? **YES / NO**

If so could you let us know what medication?

Are you registered with a doctor? **YES / NO**

Name:

Surgery address:

11. FINANCIAL CIRCUMSTANCES

Type of Income (please tick):

- Income Support
- Job Seekers Allowance
- Incapacity Benefit
- Disability Living Allowance
- Other (Please Specify):

12. AREAS NEEDING SUPPORT

There are a number of issues that you may feel have added to your housing and support needs. Please give us your views. You don't need to give a lot of information - there are two issues we would like you to answer. Please think about:

- Whether the issue is relevant to the reason you have support needs? - If so tick the box
- How important is the issue is to you – circle one of the headings i.e. no issues, low, medium or high.

AREA 1

Help to feel safe in your home and in the surrounding community, e.g. making sure locks work properly, equipment in the house is well maintained and safe and making sure you don't feel threatened by any issues/activities in the surrounding community.

No Issues	Low	Medium	High
-----------	-----	--------	------

Help to manage any addictions that affect your life and general well being, e.g. smoking , drinking alcohol , over-reliance on prescribed medication , or other drugs

No Issues	Low	Medium	High
-----------	-----	--------	------

Health – issues that affect your life and general well-being e.g. physical , mobility , disability , mental health . Do you take/ need help with medication . Have you concerns about diet , exercise , feeling healthy .

No Issues	Low	Medium	High
-----------	-----	--------	------

AREA 2

Help to maintain friendships and family relationships or meet new people – e.g. because you have lost touch with people or want/need to resolve some difficulties in previous relationships

No Issues	Low	Medium	High
-----------	-----	--------	------

Help to pursue interests and have some fun – e.g. using facilities in the community like libraries and other leisure facilities, arranging visits, trips and holidays.

No Issues	Low	Medium	High
-----------	-----	--------	------

Help to pursue opportunities for training, education and employment –e.g. thinking about what you are interested in doing (paid or voluntary) including support filling in applications, preparing for interviews and just generally discussing possibilities and choices open to you.

No Issues	Low	Medium	High
-----------	-----	--------	------

Emotional health issues such as depression or a lack of confidence or self-esteem that can make you feel vulnerable, isolated and unhappy.

No Issues	Low	Medium	High
-----------	-----	--------	------

AREA 3

Help to manage a home:

Practical issues to do with managing your home like paying bills, sorting out benefits, budgeting, cooking, cleaning, understanding tenancy issues, dealing with the landlord, getting repairs done, getting alterations done.

No Issues	Low	Medium	High
-----------	-----	--------	------

Physical health issues that you find difficult to cope with and you need support to get the help you need to manage the issues.

No Issues	Low	Medium	High
-----------	-----	--------	------

WHAT ARE THE MAIN SUPPORT ISSUES?

Please try to summarise (using the information above) what you feel are the main issues and why you are applying for housing and support at this time. Is there anything else that hasn't been covered above that you feel you need support with?

13. ASSESSING AND MANAGING ISSUES THAT MAY PUT YOU AT RISK OR THAT MAY PRESENT A RISK TO OTHERS (AREA 1)

The questions below may seem very nosy. We are asking them to make sure that we can meet your needs and that the project is suitable to your needs. Please be honest and open with us.

DO YOU FEEL VULNERABLE OR AT RISK FOR ANY REASON?	YES/NO	Please provide some detail
Are you afraid of anyone e.g. (ex) friends, partners, relatives etc.?		
Have you experienced violence or abuse in your past?		
Are you frightened in your current neighbourhood for any reason?		
DO YOU PRESENT A RISK TO YOURSELF?	YES/NO	Please provide some detail
Do you have feelings of severe anxiety or depression?		
Have you ever attempted suicide?		
Have you ever had suicidal feelings?		
Do you or have you ever self-harmed?		
DO YOU EXPERIENCE MENTAL ILL HEALTH?	YES/NO	Please provide some detail
Do you have significant mood swings that involve you feeling out of control and/or aggressive?		
Have you got a psychiatric condition that involves a wide variation in your emotions?		
Do you feel that drugs (prescribed) or alcohol have a significant impact on your emotional stability?		
DO YOU POSE ANY RISK TO OTHER PEOPLE?	YES/NO	Please provide some detail
Have you got a criminal record for a violent/sexual/threatening offence?		
Are you under any court or Home Office orders at present?		
Have you ever physically attacked someone?		
Do you feel you often lose your temper or feel out of control?		

HOUSING SAFETY	YES/NO	Please provide some detail
Have you got a criminal record for Arson?		
Do you ever leave the gas/cooker on?		
Can you use electric appliances safely?		

Is there anything else we need to know about to provide you with the right support and to help you feel safe and in control both within yourself and in your communication with others?

Please attach any other information you think is relevant e.g. letters, documents, risk assessments, other care plans or support plans. For statutory agency applications a risk assessment must be attached as we will not be able to conduct an assessment until received.

ETHNIC ORIGIN

We want to make sure that we do not discriminate against people because of their ethnic origin. This information will help us to consider whether different ethnic groups are being discriminated against, and will not affect the assessment of your housing and/or support needs. Your re-housing will not be affected if you choose not to provide this information.

How would you describe yourself?

- | | | | |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| White British | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| White European | <input type="checkbox"/> | Black or Black British African | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black or Black African Somali | <input type="checkbox"/> |
| White Welsh | <input type="checkbox"/> | Black Born British | <input type="checkbox"/> |
| Other White | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Mixed White & Asian | <input type="checkbox"/> | Other Black or Black British | <input type="checkbox"/> |
| Mixed White and Black African | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Mixed White and Black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Other Mixed | <input type="checkbox"/> | Gypsy | <input type="checkbox"/> |
| Asian or British Born Asian | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Asian or British Born Indian | <input type="checkbox"/> | Yemeni | <input type="checkbox"/> |
| Asian or British Born Pakistani | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| Asian or British Born Sri Lankan | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | <i>(please describe below)</i> | |

DECLARATION

For the purposes of the Data Protection Act 1998, I agree to you processing the information contained in this form, and any information you receive relating to this form.

I give you permission to contact any relevant organisation (including government departments, local authorities, social services, Probation, Medical professionals, the police and the courts) or individuals you consider appropriate to check the information given in this application form or any more information which is given to support this application.

I understand that you will only accept my application for housing, and/or support if you can get references from (where relevant) my current or previous landlord.

I confirm that, as far as I know, the information I have provided on this application form is accurate.

I understand that if you find that an application for re-housing contains false or misleading information which was knowingly given to take advantage of the application system, the application will be cancelled. If a person is offered accommodation as a result of knowingly providing false information, you have the right to take the appropriate legal action to recover possession of the property through the courts.

Are you or your joint partner (if you have one) related to an employee of Family Housing Association or a member of our Board of Management? If yes, please give details.

Please sign this form before returning it.

Signature of applicant:

Date:

Name of agency representative (if applicable)

Signature:

Date: