**Application for Stroud Community Based Support**

Version 1

**Please check the following information has been completed before you send us the application form. Failure to provide this information may result in the application not being processed until all the required information has been received.**

|  |  |
| --- | --- |
| **All Sections from 1-9 are completed** |  |
| **Equal Opportunities Monitoring Form is completed** |  |
| **Include any recent risk assessments** |  |
| **Include any recent care / support plans (CAF, Pathway Plan, CPA, PSR)** |  |

**Section 1 About Applicant**

Q1. Applicants Details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | … | | |
| **Date of birth:** | … | **Age:** | … |
| **Contact number:** | … | | |
| **Email address:** | … | | |
| **Gender:** | **Male  Female** | | |
| **NI number:** | … | | |
| **Nationality:** | … | | |
| **Current address:** | … | **Length of stay:** | … |
| **Type of accommodation:** | **Private  Supported / Hostel**  **Council  Housing Association**  **Rough Sleeping  Other  ­­­­­­­­­­­** … | | |
| **Risk of Eviction:** | **Have you recently received notice of eviction which could result in homelessness?**  **Yes  No**  **If yes please call free on 0808 168 2443 for a response within 24 hours.** | | |
| **Immigration Status:**  (If applicable) | **Community Sponsorship  Seeking Asylum  Student Visa  Indefinite Leave to Remain**  **Leave to Remain** | | |
| **Is the applicant :** | **Single  In a Relationship  Married**  **Divorced**  **Separated** | | |

|  |  |
| --- | --- |
| **Details of anyone else who lives in the household and the relationship to applicant i.e. Partner/Children:** | … |

**Section 2 Details of Referring Agency**

Q2. Please provide referring agency contact details or tick the box for self referral. **Self Referral**

|  |  |
| --- | --- |
| **Organisation Name:** | … |
| **Referrers Name:** | … |
| **Job Title/ Relationship to applicant:** | … |
| **Telephone Number:** | … |
| **Email Address:** | … |
| **Address:** | … |

**Sectin**

**Section 3 Other People/Agencies Involved**

Q3. Please give details of any other agencies or support currently being provided below. They may be contacted to provide further information in support of your application.

|  |  |
| --- | --- |
| **Name:** | … |
| **Contact Number:** | … |
| **Email Address:** | … |
| **Address:** | … |

|  |  |
| --- | --- |
| **Name:** | … |
| **Contact Number:** | … |
| **Email Address:** | … |
| **Address:** | … |

**Section 4 Financial Details**

Q4. What is the applicants financial status?

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the household current income:** | **Job Seekers Allowance  Income Support**  **Employment Support Allowance  Disability Living Allowance/PIP**  **Salary  Social Services**  **None** | | |
| **Amount:** | … | **Frequency:** | … |
| **Has anyone in the household ever been refused Housing Benefit:** | | | **Yes  No** |
| **If yes, please give details:** | … | | |
| **Does anyone in the household have any outstanding rent arrears:** | | | **Yes  No** |
| **If yes, please give details:** | … | | |
| **Does anyone in the household have any other debts:** | | | **Yes  No** |
| **If yes, please give details:** | … | | |

**Section 5 Risks**

Q5. To what extent is the applicant at risk of the following? Please provide history (including dates) and current status. Please continue onto separate page if necessary.

|  |  |  |
| --- | --- | --- |
| **Self Harm:** (e.g. any history, any available current evidence, any conversations with others, date of last episode) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Suicide:** (e.g. individual and family history, expressed intentions, any current or historical triggers, any plans or methods in mind, date of last episode) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Risk to Others:** (e.g. Physical or sexual abuse of others, violent attitudes or aggressive behaviour, access to weapons, current and historical triggers) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Self Neglect:** (e.g. lack of motivation, not eating and drinking, personal hygiene, basic living skills) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Risk from Others:** (e.g. domestic violence, child / sexual, physical, emotional abuse, bullying, racial harassment) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Wellbeing:** (e.g. depression, mental health, current and historical factors, medication, trigger factors, diagnosis, counselling, date of last episode) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Arson:** (e.g. expressed intentions, history, trigger factors) | | **None  Low  Medium  High** |
| **Please give details:** | … | |
| **Addictions:** (e.g. Substance misuse, gambling, sex, history, trigger factors, counselling, date of last episode) | | **None  Low  Medium  High** |
| **Please give details:** | … | |

**Section 6 Offending Behaviour**

Q6. Please give ALL details of anyone in households offending history, current status and OASys risk assessment details from the Probation office where appropriate. **Please note failure to disclose all information could result in the delay of the application being processed. Non disclosure of crimes could also result in withdrawal of services.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you or anyone in your household ever been convicted of a crime (include cautions and warnings):**  (If yes, please summarise details below) | | | **Yes  No** |
| **Conviction / Warning / Caution** | | **Sentence** | **Dates From - To** |
| … | | … | … |
| **Are you or anyone in your household currently subject to a community licence period (Probation), Prolific and Priority Offender, Criminal Behaviour Order:** | | | **Yes  No** |
| **If yes, please give details. Include any restrictions imposed:** | … | | |

**Section 7 Current and On-going Support**

Q7. Please indicate below any needs identified.

|  |  |  |
| --- | --- | --- |
| **Outcome description and score** | | Please Tick all that apply |
| **Economic Success that is shared by all** | Maximise income including accessing correct benefits |  |
| Budget/reduce debt and achieve appropriate expenditure |  |
| Obtained furniture and household appliances for their property |  |
| **Improve Health and Wellbeing** | Access to statutory services |  |
| Understand/address health and hygiene within their home |  |
| Develop and/or maintain physical health |  |
| Access preventative mental health service |  |
| Access substance misuse (drug and alcohol) services |  |
| Access appropriate accommodation |  |
| Encouraging healthy eating |  |
| **Communities that are safe and feel safe** | Maintain and understand a tenancy, licence or occupancy agreement |  |
| Identify and manage risk |  |
| Service users supported to address anti-social behaviour |  |
| Service users supported to avoid causing harm to others |  |
| Address and understand the dangers of self harm |  |
| Supported through the criminal justice system |  |
| Access specialist services in relation to being a victim of crime |  |
| Comply with statutory orders |  |
| Manage stress and/or cope with a history of abuse |  |
| Attended the Freedom or other Domestic Abuse specific Programme |  |
| Access advocacy services |  |
| Support to combat hate crimes due to ethnicity or sexual orientation |  |
| Safeguarding – Recognising safety in the community |  |
| Access legal services |  |
| **Stronger Communities** | Access employment |  |
| Access training/education |  |
| Develop basic numeracy and literacy skills |  |
| Access social, cultural and leisure activities |  |
| Access volunteering opportunities |  |
| Develop and/or maintain relationships with neighbours. |  |
| Establish or maintain appropriate networks |  |
| Access transport systems |  |
| Become involved with local decision making |  |
| Understand/Address equality and diversity issues |  |
| **Meeting the needs of dependent children and young people** | Access groups specifically for dependent children |  |
| Access stable education for children |  |
| Access to regular schooling/improved attendance |  |
| Access to free school meals for eligible families |  |
| Registering with Children’s Centre for families with children under 5 |  |
| Families made aware of the free two year olds early education entitlement |  |
| Families made aware of the free 15 hours of early education entitlement for three and four year olds. |  |

Please give a brief description of the applicant’s current situation and the current support they are receiving. Please also include what support you think they/you would benefit from going forward.

|  |
| --- |
| … |

**Section 8 Signature Declaration and Consent to Share Information**

**I confirm the information given on this form is true and correct. I understand that it may affect the application if the information provided is wrong.**

**I understand that the information I have given on my application for Community Based Support may be shared with other agencies and statutory bodies if this is necessary for the application process to be completed. This may be done without further reference to me.**

**I understand that in certain cases P3 may have a legal obligation to share my data with other organisations without my consent - for example, when it is required by a court of law. P3 may also have to share data without my consent in the event of a safeguarding concern or to preserve my health and wellbeing - for example, in a medical emergency.**

**I understand that I can request copies of my personal data as held by P3 and to be told with whom it has been shared.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** | … |
| **Referring Agent Signature:** (if applicable) |  | **Date:** | … |

**Equal Opportunities Monitoring Form**

We are committed to eliminating discrimination. To help us monitor our equal opportunities policies, would you please provide the information requested below. The information will be treated in the strictest of confidence and will only be used to monitor our ability to provide services to all sectors of the community.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Group (**Please tick one box only):  **White** **Asian or Asian British**  British (including Scottish and Welsh)  Indian  Indian British  Irish  Pakistani  Pakistani British  Gypsy  Bangladeshi  Bangladeshi British  Travellers  Other White background (please specify) Other Asian background (please specify)  … …  ………………………………………………. ………………………………………………  **Mixed** **Black or Black British**  White & Black Caribbean  Caribbean  Caribbean British  White & Black African  African  African British  White & Asian  Other mixed background (please specify) Other Black background (please specify)  … …    Chinese  Japanese  Other (please specify) … | | | |
| **Gender**  Male  Female  Transgender  Do not wish to disclose | **Physical Disability**  Yes  No | **Mental Disability**  Yes  No | **Learning Difficulty**  Yes  No |
| **First language**  English  Other (please specify) …  …  Translator required | **Sexual Orientation**  Lesbian Bi Sexual  Gay  Do not wish to disclose  Heterosexual (straight) | | |
| **Age**  16 -17  18 – 25  26 – 35  36 - 45  46 – 55  56 - 65  66 + | **Religion**  Christian  Jewish  Muslim  Buddhist  Hindu  Sikh  Atheist  No Religion  Do not wish to disclose | | |