

Housing Application

Please return your completed form to:

Fiona Stradling

Housing Services Manager

Bath Mind

82 Lower Oldfield Park

Bath

BA2 3HP

housing@bathmind.org.uk

Personal Details

|  |
| --- |
| Full name: |
| Name you prefer to be known as: |
| Date of birth: |
| Current address: |
| National Insurance number: |
| Contact telephone number: |
| Contact e-mail address: |
| First language: |
| Ethnic origin: |
| Sex: |
| Registered Disabled? |
| Religion: |

Next of kin:

|  |
| --- |
| Name: |
| Relationship: |
| Address: |
| Telephone: |

Current accommodation

|  |
| --- |
| Address:Landlord: |

Where have you lived during the past 5 years?

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Who owned it | Date you left | Reason why you left |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Do you have any outstanding rent arrears at your current or previous accommodations? |

Referring agency

|  |
| --- |
| Name of referring agency: |
| Address: |
| Telephone: |
| E-mail: |
| Contact person: |
| Relationship to applicant: |
| Is the applicant aware of this referral: |

Mental health information

|  |
| --- |
| Clinical mental health diagnosis: |
| Name of Psychiatrist: |
| Name of Care coordinator / social worker: |
| Name and address of G.P: |
| Do you receive other types of support? |
| CTO? Conditions of the CTO? |
| Physical health conditions: |

Housing Support Requirement (please tick)

|  |  |
| --- | --- |
| 24 hour support home |  |
| Minimum support home |  |

|  |
| --- |
| How will this placement be funded? |
| Section 117 after care? |
| Has funding been agreed? |
| What level of benefits are you currently receiving and amounts?1.2.3. |

|  |
| --- |
| Do you manage your own finances? |

Medication

|  |
| --- |
| Current medication: 1.
2.
3.
4.
5.
6.
7.
8.
9.

Further information on medication: |
| Do you self-manage your medication?  |
| Staying safe |
| Have you any history of drug, alcohol or solvent abuse?  |
| Do you self harm?  |
| Is your behaviour ever violent or abusive to others? |
| Are there any aspects of your current condition or risks of which Bath Mind should be aware of that could affect other tenants and the safety of the home? |

Support required

|  |  |  |  |
| --- | --- | --- | --- |
| Housing issues(inc Landlord, neighbor relations, tenancy matters) |  | Claiming benefits(Understanding benefits, claiming) |  |
| Budgeting(Prioritizing debts, understanding bills, budget balancing) |  | Advocacy / communications(advice and information, making complaints, seeking services) |  |
| Daily Living Activities(basic food nutrition, hygiene etc) |  | Household managements(general cleaning, washing, shopping etc) |  |
| Specific lifestyle choices(Links to services)  |  | Training / employment(College, voluntary work etc) |  |
| Self help / Leisure(use of community resources) |  | Health & Medical(Mental health or other)  |  |
| Other |  |  |  |

Personal short and long term aspirations to work towards:

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |

|  |
| --- |
| **Confirmation** |
| The information supplied on this form will be held on Bath Mind’s computers and manual records, and will be treated as strictly private and confidential. The information will only be used in accordance with the Data Protection Act 1998.The information may be used from time to time for statistical purposes.**Please check the information you have given and sign below to confirm the following statement.** |
| *I confirm to the best of my knowledge that the information in this application is true. I agree to inform Bath Mind immediately of any changes in the details given on this form. I understand that giving false information could result in cancellation of my application.* |
| *I agree to Bath Mind sharing the information given on this form with the appropriate agencies where it relates to my application.* |
| Signature of applicant: |  | Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Ethnic Origin** |
| Please tick the box which best reflects your ethnic group. Bath Mind is required to keep information on the ethnic background of all applicants and tenants. We aim to treat everyone equally, regardless of their ethnic origin, rage, colour, sex or sexual orientation.  |
| White: |
| British |  | Irish |  | Other |  |  |
| Mixed: |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  | Other |  |  |
| Asian or Asian British: |
| Indian |  | Pakistani |  | Bangladeshi |  | Other |  |  |
| Black or Black British: |
| Caribbean |  | African |  | Other |  |  |  |
| Chinese or other ethnic group: |
| Chinese |  | Other |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Do not want to answer |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 |

Application for Bath Mind housing (For Bath Mind office use only)

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Date: |  |
| Housing and support applied for: |  |
| Expiry date of vacancy: |  |
| Is there a updated risk assessment and two ICPA forms attached? |  |
| B&NES CMHT referred applicant: | **Yes / No** |
| Diagnosis of mental health excluding drug/alcohol misuse. | **Yes / No** |
| Diagnosis not solely of learning difficulties: | **Yes / No** |
| Overall risk assessment: | **High Medium Low** |
| Planned acceptance into Bath Mind date: |  |  |
| Arranged ICPA date to discuss referral: | Date: |  |
| Written conformation to accept: | Yes / No |  |
| Reason for refusal:  | * Management decision

 * Support compatibility
* Risk assessment
* Relationship issues
 |  |
|  |
|  |
|  |
| Has the referral agent been informed? | Yes / No |
| Date of correspondence: |  |
| Has the applicant been informed? | Yes / No |
| Date of correspondence: |  |
| Has the appeals procedure been explained? | Yes / No |