

The ARCH

Resettlement Centre

Supported Accommodation Application Form

The ARCH Resettlement Centre, 36 Muslin Street, Bridgeton, Glasgow, G40 4AP

T: 0141 554 2497

WEB: www.lifehousing.org.uk EMAIL: info@lifehousing.org.uk

*Life Housing Scotland is registered under the Industrial and Provident Societies
Act 1965 No.2445R (S) Scottish Charity No. SCO21765.
The registered office is at 36 Muslin Street, Bridgeton, Glasgow, G40 4AP.
Affiliated to the Evangelical Alliance*

Application Form

This application form is designed to assist staff in preparing a suitable assessment date for you and to determine if The ARCH Resettlement Centre is the correct service for you.

Please attempt to answer **ALL** questions. If you think some questions are irrelevant, please mark "N/A" clearly. If there are questions you cannot answer please state that this is the case so we can discuss this further at the assessment stage. All of your answers will be considered collectively, and you will not necessarily be excluded on the basis of answers you may consider detrimental to your application.

All applications should be returned with a completed risk assessment or risk being sent back to you for completion.

Personal Information	
Name	
Current Address	
Do you have a deadline to leave your current accommodation?	Date_____
Date of Birth	
Age	
Phone Number	
Email Address	
Marital Status	
National Insurance Number	
Ethnic Group	
Gender	
Do you have children?	
Do you have access to any children under 16?	

Next Of Kin	
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Name	
Relationship	
Phone Number	

Referral Source and Contacts		
Social Worker, Addiction Worker, Caseworker, Project Worker		

Name:	Relationship:	Phone Number:

Address:

Name:	Relationship:	Phone Number:

Address:

Name:	Relationship:	Phone Number:

Address:

Personal Contacts			
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Name		Phone Number	

Contact Consent		
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Can we contact these people regarding your application?	Yes/No	Sign:

Please provide your last 5 years worth of addresses including stays in tenancies, prison and projects

Please state the following as much as possible:

What type of accommodation, length of time at that residence, whose name it was in, do you have any arrears or outstanding debt on the property?

Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Address:	Housing Association: (if applicable)	Date From:
		Date to:
Post Code:	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Do you own any property?		

Accommodation at The ARCH Resettlement Centre	
Are you aware that the accommodation is only for you and that no one can live with you? (including pets)	
Are you aware that the occupancy is on the understanding that you sign a contract to participate in an agreed support plan between yourself and the project?	
In what areas do you feel you most need support in? (Please circle accordingly)	Cooking Domestic Resettlement Education Mental Physical Social Financial Spiritual Unsure
Can you indicate the level of support you may require whilst you live at The ARCH? (Please circle accordingly)	Low Medium High
Please sign the box opposite if you understand that the use of alcohol and drunkenness is prohibited whilst a resident of the project. You are agreeing to be abstinent of alcohol at all times. <i>Breach of these rules could result in the termination of your supported occupancy.</i>	Name: Signed: Date:
Please sign the box opposite if you understand that the misuse of drugs, prescription or otherwise, and the abuse of solvents is prohibited whilst a resident of the project. You are agreeing to be abstinent of illicit substances at all times. <i>Breach of these rules could result in the termination of your supported occupancy.</i>	Name: Signed: Date:
Do you consider yourself to have a drug or alcohol addiction? (Please give details)	
Are you in recovery? If so how long have you been substance free? (Please give details)	
Are you on opiate replacement therapy or Antabuse? (Please give details)	
Would you agree to random screening for drugs or alcohol?	
Have you ever been asked to leave accommodation due to violence, intimidating behaviour or any other unreasonable or inappropriate behaviour? (If yes please give details)	

Personal Circumstances	
Do you have a criminal record?	
If yes, what have you been convicted of?	
Have you ever been convicted of - <ul style="list-style-type: none"> • Fire Raising Offences • Schedule 1 Offences • Sexual Offences Please give details	
Have you spent time in prison? (If yes please give details. Where, when & how long)	
If you are in custody, what is your liberation date?	
If applicable, what is your Prison number?	
Do you have any outstanding charges, court appearances, fines, etc? (Please give details)	
Are you registered as homeless? If yes could you supply confirmation letter of homelessness. This can be sought from your casework team.	
Do you have a deadline to leave your current accommodation?	Yes No Date:
Have you ever been asked to leave accommodation due to violence, intimidating behaviour or any other unreasonable or inappropriate behaviour? (If yes please give details)	

Employment	
Are you currently employed?	
Have you received any formal training?	
Are you currently attending any course, education or voluntary?	
Benefits	
Are you in receipt of income related benefits ADP, DLA, PIP, or Universal Credit?	
Do you have to attend a Job Club?	
Are you in receipt of housing benefit or housing costs?	
Is your benefit claim complete or pending?	
How much do you receive per month?	
Law	
Do you have a solicitor?	
Name and Address:	
Please supply all contact details:	Name: Address: Tel. Number:

Medical History	
Are you registered with a GP?	Yes/No
Name and Address?	Name: Address: Tel. Number:
Can we contact them if needed?	
Have you received treatment for any physical condition in the last 3 years? (If yes, please supply details)	
What is the outcome of your treatment?	
Are you taking any prescribed medication for this condition? (If yes, please supply details)	
Have you received treatment for any mental health conditions in the last 3 years? (If yes, please supply details)	
What is the outcome of your treatment?	
Are you taking any prescribed medication for this condition? (If yes, please supply details)	
Could this condition mean you or others are at risk of harm?	
Are you satisfied with the treatment you are receiving?	
Do you attend any counselling or support group for any reason? (If yes, please supply details)	

<p>Do you have any additional communication needs/ requirements?</p> <p>(If yes, please supply details)</p>	
<p>Do you have any special dietary requirements as a result of any illness,/condition/allergy?</p> <p>(If yes, please supply details)</p>	
<p>Is there any further health information you wish to inform us of that we haven't already covered?</p> <p>(If yes, please supply details)</p>	
Education	
<p>Do you have any qualifications/certificates for course taken?</p> <p>(If yes, please supply details)</p>	
<p>Do you have any hobbies?</p> <p>(If yes, please supply details)</p>	
<p>Are you a member of any club or organisation?</p> <p>(If yes, please supply details)</p>	
Is there anything else you wish to add to support your application?	
<div style="border: 1px solid black; height: 250px; width: 100%;"></div> <p style="text-align: right;">...continue on the back page</p>	

Please **COMPLETE** the following Risk Assessment

Risk	1) Brief Details/known triggers 2) How is the risk managed 3) What measures will reduce the risk	Date/Updated
Alcohol misuse	1) 2) 3)	
Drug misuse	1) 2) 3)	
Violence and/or Challenging behaviour	1) 2) 3)	
Self harm	1) 2) 3)	
Fire raising/fire risk	1) 2) 3)	
Non-compliance medication	1) 2) 3)	
Self neglect	1) 2) 3)	
Mobility/Physical Health	1) 2) 3)	
Mental Health Issues	1) 2) 3)	

Child welfare/protection	1) 2) 3)	
Other (please specify)	1) 2) 3)	
Persons at Risk:		
Service User		
Other Service Users		
Staff		
Visitors		
Member of Public		
Other (please specify)		
Adult Male		
Adult Female		
Children/Young People		
Additional risk information:		

ITEMS INCLUDED IN APPLICATION:

Please double check that you have completed the following parts of the application form BEFORE returning. Failure to do so will result in your application being returned and will slow your application process.	
TASK	Tick
All personal information including a contact telephone number.	
Answered all questions on the application form	
Full 5 year Address History completed	
Full Risk Assessment Completed	
Application signed, dated and witnessed by the person referring.	

It is our intention to contact you within one week regarding the outcome of your assessment interview. In some cases where this may be longer we will try to contact you and inform you of this.

There is normally a waiting list for successful applicants. We will let you know about this at the same time we confirm your application is successful.

Do you confirm that the above information is correct and that you know of no other circumstances that would prevent you from participating in the ARCH programme?

I recognise that deliberately giving false information will result in me not being offered a flat within The ARCH.

If the information is found to be false after I am admitted, I understand that this will be regarded as a breach of my occupancy agreement and could result in termination of the supported occupancy.

I confirm that the information given above is accurate.

Signed:

Date:

Print:

Witnessed:

Date:

Print:

Additional Information you want to tell us about

The ARCH Resettlement Centre

Glasgow

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