

Application Form for Accommodation & Floating Support Services



All sections of the application form should be completed,
please do not leave any sections blank.

Incomplete forms will be returned which may delay the application process.

Agencies wishing to make a referral should ensure that the applicant is fully aware of leap support services and has signed and dated the application form.

Please return completed forms to:
LEAP LTD
First floor
27 Tentercroft street
Lincoln, LN5 7DB
Tel: 01522 563530—fax: 01522 563531
Registered Charity No. 1046933

Applications can also be made online by visiting:
www.leap.uk.com
And follow the link to referrals.

ALL INFORMATION IS TREATED AS CONFIDENTIAL

PLEASE TICK SERVICE REQUIRED:

SUPPORTED HOUSING

FLOATING SUPPORT

EMERGENCY FLAT

APPLICANTS DETAILS

SURNAME: FORENAMES:

CURRENT ADDRESS:

.....

CONTACT NUMBER:

EMAIL ADDRESS:

DATES FROM TO

PREVIOUS ADDRESS:

DATES FROM TO

DATE OF BIRTH: AGE MALE / FEMALE

NATIONAL INSURANCE NUMBER:

REASON (S) ACCOMMODATION OR FLOATING SUPPORT SERVICES IS REQUIRED:

.....

.....

DATE WHEN IS ACCOMMODATION IS REQUIRED

HAVE YOU APPLIED FOR ACCOMMODATION WITH ANY OTHER AGENCY? YES / NO

IF YES, PLEASE GIVE DETAILS AND DATES OF APPLICATIONS:

.....

.....

ARE YOU REGISTERED WITH THE COUNCIL? YES / NO

DO YOU HAVE ANY CHILDREN? YES / NO (Please include age, sex and relationship to applicant)

DETAILS.....

.....

MEDICAL DETAILS

ARE YOU REGISTERED WITH A GP? YES / NO

NAME OF GP/SURGERY: TEL:

DO YOU HAVE ANY DIAGNOSED MEDICAL OR MENTAL ILL HEALTH CONDITIONS? YES / NO

IF YES PLEASE GIVE DETAILS

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PLEASE GIVE DETAILS OF ANY MEDICATION YOU ARE TAKING:

.....

.....

.....

INCOME DETAILS.

PLEASE INDICATE TYPE OF INCOME YOU RECEIVE: (Tick all that apply)

Income Support		Education Maintenance Allowance (EMA)	
JSA		In full time employment	
Incapacity Benefit		In part time employment	
DLA		Not in receipt of Income/Benefits	

If you are not in receipt of any income or benefits, have you applied for benefits? YES / NO

If yes: Which benefit Date Applied:

Weekly Income £.....

AGENCY INVOLVEMENT

ARE THERE ANY AGENCIES INVOLVED WITH YOU? YES / NO

PLEASE INDICATE BY CIRCLING AGENCY or AGENCIES GIVING FULL DETAILS:

PROBATION / YOUTH OFFENDING / CHILDRENS SERVICES / MENTAL HEALTH SERVICES / CONNEXIONS / NCH / OTHER

1. NAME: OFFICE:

TELEPHONE NUMBER:

DETAILS:

2. NAME: OFFICE:

TELEPHONE NUMBER:

DETAILS:

PLEASE ASK ONE OF THE AGENCIES ABOVE TO COMPLETE THE AGENCY/REFERENCE SECTION OF THIS FORM (PAGE 7) IF YOU ARE A CARE LEAVER THE AGENCY COMPLETING THE FORM MUST BE YOUR SOCIAL WORKER OR LEAVING CARE WORKER. IF YOU HAVE NO AGENCIES INVOLVED WITH YOU, PLEASE PROVIDE DETAILS OF 2 REFERREES, THESE CAN BE A COLLEGE TUTOR, COUNSELLOR, PREVIOUS LANDLORD ETC.

SUPPORT NEEDS

PLEASE INDICATE THE LEVEL OF SUPPORT YOU WILL REQUIRE IN THE FOLLOWING AREAS:	Need no help	Need little help	Need lots of help	Never tried	I want to improve
TRAINING /EMPLOYMENT					
Applying for Jobs					
Applying to College					
Applying for Apprenticeship					
Interviewing Skills					
Writing a CV					
Literacy Skills					
Numeracy Skills					
ICT Skills					
TENANCY SUSTAINMENT					
Understanding a Tenancy					
Sticking to House Rules					
Reporting Repairs					
House Meeting Input					
Neighbour Disputes					
Cleaning your home					
HEALT/WELFARE					
General Health					
Medication					
Sex Education					
Sexual Identity					
Personal Hygiene					
Relationships					
Keeping Appointments					
Asking for Help					
Laundry					
Ironing					
Cooking					
Shopping					
FINANCIAL/BENEFITS					
Budgeting					
Claiming Benefits					
Housing Benefits					
Paying Rents					
Debt Management					
Savings					
Gambling					
CULTURAL/RELIGIOUS					
Cultural Identity					
Accessing Place of Worship					
Dietary Needs					
SUBSTANCE MISUSE					
Drug Issues					
Alcohol Issues					
Solvent Abuse					
OFFENDING BEHAVIOUR					
Paying Fines					
Complying with Orders					
MOVE ON					
Applying for Housing					
Renting Accommodation					
Setting up Bills					

PERSONAL DETAILS

PLEASE GIVE US DETAILS ABOUT YOUR LIKES, DISLIKES, ATTITUDES, INTERESTS AND MOTIVATION. THIS WILL ENABLE US TO ASSESS AND FIND THE MOST APPROPRIATE PLACEMENT IN OUR SHARED ACCOMMODATION.

HISTORY

PLEASE TICK IF YOU HAVE EXPERIENCED PROBLEMS IN THE FOLLOWING AREAS. THIS INFORMATION IS ESSENTIAL SO THAT WE MAY ASSESS WHAT OTHER FORMS OF SUPPORT YOU MAY NEED OR IF SPECIALIST ACCOMMODATION IS REQUIRED.

Mental Health Problems		Sexual Abuse	
Violence		Crime Related Issues	
Gambling		Long Term Illnesses	
Alcohol Abuse		Physical Disabilities	
Substance Misuse		Other	

PLEASE GIVE DETAILS:

.....

.....

ARE YOU UNDER SUPERVISION OF THE FOLLOWING? PLEASE TICK:

Probation		Young Offender Order	
Licence		Suspended Sentence	
Community Service		Drug Intervention Programme	
Anti-Social Behaviour Order		Care Programme Approach (Mental Health Services)	
Care Order (Social Services)			

DATE YOUR ORDER EXPIRES.....

IF YOU ARE CURRENTLY IN CUSTODY/IN CARE:-

WHAT IS YOUR EXPECTED RELEASE DATE:

IF YOU ARE BEING RELEASED FROM CUSTODY, WHAT TYPE OF SUPERVISION WILL YOU HAVE ON RELEASE?

DO YOU HAVE ANY CONVICTIONS? YES / NO

(PLEASE LIST ALL CONVICTIONS IN DATE ORDER)

1..... DATE.....

2..... DATE.....

3..... DATE.....

ARE YOU AWAITING A COURT HEARING? YES / NO

DETAILS:

.....

DO YOU HAVE ANY OF THE FOLLOWING CONVICTIONS? PLEASE TICK.

ARSON		SEX OFFENCE (or any offences against children)		Violence	
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PLEASE GIVE DATES AND DETAILS.....

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MOST RECENT OFFENCE:

SENTENCE..... DATE

FLOATING SUPPORT SERVICE ONLY

PLEASE COMPLETE FOLLOWING SECTION IF FLOATING SUPPORT SERVICES ARE REQUIRED IN YOUR OWN HOME. (Floating support is available Monday to Friday (excluding bank holidays) between the hours of 9.00 am and 5.00 pm).

HOW MANY HOURS OF DIRECT SUPPORT ARE NEEDED?

Please indicate:

Daily: number of hours Or Weekly: number of hours

WHEN WOULD YOU LIKE SUPPORT SERVICES TO COMMENCE?

Data Protection Act 1998

Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you.

- We will only use personal information you supply to us for the reason that you provided it for.
- We will only hold your information for as long as necessary to fulfil that purpose
- We will not pass your information to any other parties unless this is made clear to you at the time you supplied it.
- All employees and contractors who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality.

I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE Date

MY SIGNATURE ALSO PROVIDES LEAP WITH MY AUTHORISATION AND CONSENT TO TAKE UP ANY REFERENCES REQUIRED IN RELATION TO THIS APPLICATION FOR SERVICES.

AGENCY/REFERENCE FORM

NAME AND ADDRESS OF REFERRING AGENCY:

.....

HOW LONG HAVE YOU KNOWN THE APPLICANT?

CONTACT PERSON / KEY WORKER

NAME:.....TEL:.....EXT.....

IN THE EVENT THAT HOUSING BENEFIT IS REFUSED BECAUSE OF AN EXISTING CARE ORDER. WILL THIS BE COVERED BY THE SOCIAL SERVICES DEPARTMENT? YES / NO

NAME..... OFFICE.....

SIGNED..... (By Support Worker)

REFERENCES

PLEASE GIVE THE NAMES OF 2 PEOPLE WHO CAN PROVIDE LEAP WITH A REFERENCE, YOU DO NOT NEED TO PROVIDE A REFERENCE IF YOU HAVE AN AGENCY THAT IS INVOLVED WITH YOU.

REFERENCE 1: NAME:

ADDRESS:

.....

TEL NO:

HOW DOES THIS PERSON KNOW YOU? (E.G. LANDLORD, COUNSELLOR ETC)

.....

REFERENCE 2: NAME:

ADDRESS:

.....

TEL NO:

HOW DOES THIS PERSON KNOW YOU? (E.G. LANDLORD, COUNSELLOR ETC)

.....

RISK ASSESSMENT

AREAS OF RISKS PRESENTED BY APPLICANT:

	HIGH	MEDIUM	LOW
TO THEMSELVES			
TO OTHERS			
FROM OTHERS			

PLEASE GIVE DETAILS OF RISK ASSESSMENT INCLUDING ANY AVAILABLE COPIES OF RECENT RISK ASSESSMENTS COMPLETED BY AGENCIES INVOLVED WITH APPLICANT:

.....

EQUAL OPPORTUNITIES MONITORING FORM

LEAP is fully committed to the active promotion of equal opportunities and we are seeking to ensure that our charity is available to everyone. In order to assist us with monitoring and assessing the effectiveness of this policy we would be grateful if you would complete the details requested below. The information provided will, of course, be kept confidential.

LEAP's Equal Opportunities Statement for Service Provision is outlined below.

To which of the following would the applicant describe him / herself as belonging?

ETHNICITY – Please tick as appropriate

- a. **White:** **British** **Irish** **Other**
- b. **Mixed:** **White & Black Caribbean** **White & Black African** **White & Asian** **Other**
- c. **Asian Or** **Indian** **Pakistani** **Bangladeshi** **Other**
Asian British:
- d. **Black Or** **Caribbean** **African** **Other**
Black British:
- e. **Chinese or other** **Chinese** **Other**
Ethnic group:
- f. **Refused:** **Refused**

SEXUALITY: Gay Lesbian Bisexual/Heterosexual Refused (please circle)

Do you consider yourself to have a disability? YES / NO / REFUSED

If yes, are there any special requirements?

Please give brief details of disability?

EQUAL OPPORTUNITIES POLICY STATEMENT

LEAP is wholeheartedly committed to the principle of equality of opportunity both in its capacity as an employer and as a provider of services to others. LEAP is determined to make all efforts to prevent discrimination or other unfair treatment against any of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical disability or offending background. We are opposed to racist and sexist practices and attitudes, and we are committed to translating this into all aspects of our everyday work.

EQUAL OPPORTUNITIES IN THE PROVISION OF SERVICES

LEAP is committed to providing services which are relevant, attractive and accessible to all those who might wish to use them. Workers are required to be fully aware of their responsibilities in this respect and to ensure that systems of recruitment or referral to our service do not operate to exclude or discourage participation, and that our schemes and projects are welcoming and attractive to all potential participants.

These aims are a priority in the provision of staff training and the allocation of resources.

Monitoring of all services is carried out in order to identify any inequalities in content or participation and to determine the steps needed to rectify them. This includes attention to publicity, environment, referral processes and the links with the outside organisations and individuals involved with the provision of our services.

RESPONSIBILITY FOR LEAP'S EQUAL OPPORTUNITIES POLICY

LEAP's equal opportunities policy is the responsibility of every member of staff to apply. Its application is also required from people who work with LEAP in providing our service but who are not staff. It affects all the work that LEAP does, and it cannot be modified or altered in any way. Those who hold management positions in the organisation have additional and particular responsibilities to ensure the effectiveness of its application and the commitment of all workers and others to it.