

REF: _____

The Nehemiah Project

Application Form for the Supported Housing Programme

Please note that the information you give on this form is to help us best assess your suitability for our programme.

Confidentiality: All information disclosed on this form together with any professional reports where allowed will be deemed confidential between The Nehemiah Project, the applicant and the referring officer/agency. The only exceptions are where directed by a court of law or where the interests of public protection genuinely prevail.

Equal Opportunities: The Nehemiah Project is committed to an equal opportunities policy and welcomes applications from those of all faiths or none, those who are HIV positive and of any race, disability or sexuality. Questions relating to these issues are for statistical purposes only.

****PLEASE ATTACH YOUR RISK ASSESSMENT WITH YOUR APPLICATION****

Please answer all questions in your own words

1. PERSONAL INFORMATION			
Client Name			
Date Of Birth		Age	
Status	<i>Please select the following</i> Single/ Co-habiting/ Engaged/ Married/ Engaged/ Separated/ Divorced		
Other Names you go by			
Ethnicity			
Sexuality			
NI No.			
CHAIN / Directory No			
Mobile Number			
Benefits	<i>Please select the following:</i> JSA / IS / IB / ESA / DLA / Pension / None / Other – state what		

Any other source of income?	
Home or Last Address	
Are you currently living at the address given above?	
Are you currently in prison	<i>(If yes, please provide the prison name, address, telephone, and your prison number)</i>
Next of Kin details	<i>(Please provide their name, relationships to you, and address)</i>

2. FAMILY	
Ages of ALL children if any	
Are there any Court orders or visiting rights regarding any of these children?	<i>(If yes, please provide us with as much information as you can)</i>
What is the current state of your relationships with extended Family Members? Are you in contact? Please state below...	
Parents	
Siblings	
Close friends	
Other support	

3. REFERRER DETAILS	
Please state if this is a self-referral or through an organisation	
Name of person making the referral	
Organisation	<i>(If applicable)</i>
Referrer position	
Contact numbers	
Email address	
Address	
Please explain your reasons for your referral to The Nehemiah Project	

4. SUBSTANCE USE						
	Alcohol	Cocaine / Crack	Cannabis	Opiates	Benzos (diazepam temazepam etc)	Other (please state)
When first used						
When first a problem						
Method use (IV, Smoked etc.)						
Daily amount used						
How long used for						
When last used						

For those substances indicated above, How did you manage to stop, and what helped?	
What possible triggers have you considered for using again?	
Have you ever had an inpatient detox?	
Do you require detox before entering the programme?	<i>(If yes, please give details of when, where and length of stay)</i>
Are you willing to attend regular house meetings, therapeutic groups and undergo random drug testing to help support your recovery?	<i>(Yes / No – please state your reason)</i>

5. PHYSICAL and MENTAL HEALTH HISTORY

Do you have any Physical Health problems?	<i>(If Yes, please give details of what and how treated)</i>
Do you have a diagnosed Mental Health illness?	<i>(If Yes, please list diagnosis and any medication taken, what, how much, how often)</i>
Any current hospital or outpatient treatment?	<i>(If Yes, what?)</i>
Any Suicide or Self harm?	<i>(If Yes, when was this?)</i>

6. SIGNIFICANT CONTACTS			
Service	Name	Organisation	Contact Details
Probation			
Substance Use Worker			
Social Worker			
Psychiatrist			
Counsellor			
Religious Leader			
Solicitor			
Other			
Other			

7. HOUSING HISTORY (last five years)		
Date and length of stay From: To:	Type of accommodation, address and organisation name (Private / Council / Prison / Hospital / Care / Hostel / Friends / Family / Rough Sleeping)	Reason for leaving: (Eviction, relationship breakdown) And comments: (How did you find this, reasons for eviction, is this likely to happen again etc)

8. HEPATITIS & HIV/AIDS TESTS

We are committed to equal opportunities and welcome applications from those who have tested positive for Hepatitis and HIV/AIDS

Hepatitis B	<i>(Please state if you have never been tested, tested positive, tested negative)</i>
Hepatitis C	<i>(Please state if you have never been tested, tested positive, tested negative)</i>
HIV	<i>(Please state if you have never been tested, tested positive, tested negative)</i>

Please give details of drugs prescribed for your current legal use (continue on separate sheet if necessary)

Prescribed by doctor	<i>(Please state doctor and clinic)</i>
Name of drug	
When did you start using this drug?	
What condition is it for?	
When does your supply run out?	

9. PERSONAL DEVELOPMENT

What ideas, plans or hopes do you have for the future about the following...

a) Relationships with people	
b) Accommodation	
c) Work	
d) Education and other training	
e) Hobbies and interests you would like to develop	
How do you feel about the prospect of entering a short/medium term residential programme?	

How do you think it will help you?	
Is there anything else you would like to tell us about yourself for us to take into consideration when considering your application?	

10.LEGAL & BEHAVIOUR HISTORY

Please give details of any criminal convictions (continue on separate sheet if necessary)	
Do you have any convictions for arson?	
Are you currently in prison?	<i>(If yes to above, are you on remand, on Judge's remand, sentenced?)</i>
What is your earliest date of release?	
Will you be subject to any form of statutory supervision, parole or probation on release?	<i>(If yes, please give details)</i>
Do you have any outstanding charges against you?	<i>(If yes, please give details)</i>
Do you have any pending court appearances?	<i>(If yes, please give details of where and what date)</i>
Do you have any warrants out for you?	<i>(If yes, where and what for?)</i>
Are you subject to any other court-imposed orders or conditions?	<i>(If yes, please give details)</i>

Signed by applicant	
Signed	
Name	
Date	
Signed by referrer	
Signed	
Name	
Date	
Document Check List	
Previous Convictions	<i>(Y/N)</i>
Risk Assessment	<i>(Y/N)</i>
Confirmation of funding for client / self	<i>(Y/N)</i>

Confidentiality Agreement	
I do hereby agree and consent for my personal information to be used by staff members of The Nehemiah Project for the benefit of my recovery, and that it will not be used for any other use than necessary purposes within the charity	
Signed	
Name	
Date	

For Official Use Only

Additional Comments

For Official Use Only	
Name of applicant	
REF	
Date of receipt	
Reviewed by	
Date of Assessment	
Application Decision	<i>(State here)</i>
Reason for rejection	<i>(Under 18 / over 60 / history of arson / untreated schizophrenia, manic depression, psychosis / History of primary diagnosis of sexual offending rather than chemical dependence / applicant is clearly not motivated / another facility better suited / other)</i>
Application deferred	Currently on remand or bail (court case pending) – date of case: Other:
Interview to be arranged	Interview Date: Type of interview: <i>(telephone, prison, in-person)</i>