

# SUPPORTED LIVING SERVICES (KENT) LTD



## Referrals application Form

INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL

If you require help to complete this form or require a copy in an alternative format eg Braille, large print or other language, please contact the main office

<b>Office use only</b>
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<b>Date received:</b>
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<b>1. Personal Details</b>	
Full Names:	
Current Address:	
Postcode:	
Telephone Number:	
Date of Birth:	
Male/Female	

<b>2. Who Recommended you to Supported Living Services</b>			
Nominated by Local Authority		Housing Dept	
Social Services		Probation Services	
Voluntary agency		Health service/G.P	
Internal transfer		Housing Association	
Friend/Family		Self Referral	
		Other (please specify)	

### 3. Current Situation

People need support for many different reasons. We have listed below the main types of needs which our tenants have. Please tick the one(s) which apply to you.

I need support from S.L.S Because

Support Needs	This is my main support need (please tick One box only)	I also need support because of the following (tick as many boxes as apply to you)
I am homeless		
I have a drinking problem		
I have a problem with drugs		
I have a gambling problem		
I have a mental health problem, or I have been treated for a mental health problem		
I have a learning disability		
I am under 18		
I am a young person (under 18) leaving care		
I am over 65 and need support		
I have mobility problems		
I have a serious physical illness		
I have Aids or am HIV positive		
I have just left prison		
I am a refugee or asylum seeker		
I am a lone parent		
I need support with life skills		
I am a lone woman expecting a baby		
I am a young person (under 18) escaping violence		
I am a woman escaping violence		
I am a man escaping violence		
I have difficulty making friends and I am feeling isolated		
None of the above describes my particular support needs. I need support because:		
I don't think I have any support needs. If you are interviewed we will discuss this section in more detail.		

<b>4. Your Present Accommodation</b> Where you are living at the moment?			
Residential Care home		Self contained supported housing	
Children's home		Hospital	
Foster care		Hostel/shared house	
Living with family or friends		Homeless/ no fixed abode	
Housing association tenant		Prison	
Private tenant		Approved probation/bail hostel	
Other temporary accommodation		Other	
Do you need to move by a certain date? Yes/No Moving Date:			

<b>5. Your Income</b>			
Paid employment Specify hours.....		Lon term sick or disabled	
Government training		Disability Living allowance (mobility) (amount £.....per week)	
Not seeking work		Disability Living allowance (Care) (amount £.....per week)	
Retirement pension		Incapacity Benefit (amount £.....per week)	
Full time student			
Registered unemployed/ JSA Job seeker allowance		Other	
What is your income? £.....per week/ fortnightly / month* please circle*			

<b>6. Your requirements</b> please specify which of the following you would prefer:
Room in a shared house Self contained flat
More support in your own home
Are any of these essential? Yes No (If yes please give details)
.....
Where you want to live? (Please specify which Area or Borough you would like to live in)
.....

## More Information About Your Support Needs

We provide services for people who need support and are in housing need.

We will use this checklist to help us decide if Supported Living Services can meet your needs. If you meet our criteria, we will invite you to an interview to discuss your needs.

Please complete all questions.

	Yes	No	N/A
Are you aged 18 years or over			
Can you share with others with a wide range of backgrounds?			
Can you budget for yourself			
Do you need support with budgeting skills?			
Can you walk up and down stairs, if necessary? (e.g. if you were given an upstairs room, could you manage the stairs?)			
Can you do basic household tasks, with support if necessary? (e.g. washing up, making your bed, etc			
Can you look after yourself without help? (i.e. you don't need help getting out of bed, washed and dressed, you can do personal laundry, make light snacks and drinks, etc			
Can you manage you own medication? (If prescribed) with support if necessary?			
Can you ever had a problem with illegal drugs, have you overcome this?			
Have you had a conviction for a violent offence within the last 3 years?			
Have you been convicted of arson within the last 3 years?			

### Care and Hygiene

Level of support required: (4 = High level of support, 3 = Medium level of support, 2 = Low level of support, 1 = No support required)

Circle as assessment made

Washing:	4	3	2	1
Bathing	4	3	2	1
Showering:	4	3	2	1
Dressing	4	3	2	1
Hair care	4	3	2	1

Nail care	4	3	2	1
Oral Hygiene	4	3	2	1
Makeup	4	3	2	1
Menstruation:	4	3	2	1
Shaving:	4	3	2	1
Changing clothes:	4	3	2	1
Ear care:	4	3	2	1
Cleaning glasses:	4	3	2	1

**Level of support required: (4 = High level of support, 3 = Medium level of support, 2 = Low level of support, 1 = No support required)  
Circle as assessment made**

<b>Making a cold drink:</b>	4	3	2	1
<b>Making a hot drink:</b>	4	3	2	1
<b>Meal planning:</b>	4	3	2	1
<b>Cooking a meal:</b>	4	3	2	1
<b>Checking food dates:</b>	4	3	2	1
<b>Making a shopping list:</b>	4	3	2	1
<b>Preparing utensils:</b>	4	3	2	1
<b>Using kitchen appliances:</b>	4	3	2	1
<b>Washing up:</b>	4	3	2	1
<b>Drying up:</b>	4	3	2	1
<b>Setting/Cleaning a table:</b>	4	3	2	1
<b>Wrapping food:</b>	4	3	2	1

## Cognitive skills & Orientation/memory

Level of support required: (4 = High level of support, 3 = Medium level of support, 2 = Low level of support, 1 = No support required)

Circle as assessment made

<b>Reading:</b>	4	3	2	1
<b>Writing:</b>	4	3	2	1
<b>Communicating:</b>	4	3	2	1
<b>Following simple instructions:</b>	4	3	2	1
<b>Following complex instructions:</b>	4	3	2	1
<b>Remembering simple instructions:</b>	4	3	2	1
<b>Remembering complex instructions:</b>	4	3	2	1
<b>Giving information:</b>	4	3	2	1
<b>Asking for assistance:</b>	4	3	2	1
<b>Awareness of time and date:</b>	4	3	2	1
<b>Telling the time:</b>	4	3	2	1
<b>Understanding time span:</b>	4	3	2	1
<b>Using a calendar:</b>	4	3	2	1
<b>Awareness of name, D.O.B, &amp; address:</b>	4	3	2	1
<b>Finding own house in street:</b>	4	3	2	1

### [Additional Information](#)

Please use this space to give us any information which you think may be useful to us to assess your application for supported housing.

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### Additional Information Cont

Please give details of someone we can contact for further information about your application ( e.g. GP, Psychiatrist, Social Worker, Probation Officer or other professional who is familiar with your support needs).

Please tick the name of the person who you wish to nominate as the main contact for future correspondence regarding your application. \*

*	*
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Status:	Status:

### Consent Form

I hereby give permission for relevant information to be given to Supported Living Services in respect of my application for accommodation.

Signed:	Date:
Name and date of third party (if signing on applicant's behalf)	
Name:	Status:
Name and date of third party (if signing on applicant's behalf)	

As far as I know, the answers I have written on this form are true, I understand that Supported living Services reserves the right to re-posses any accommodation obtained by deliberately providing false information or withholding essential information.

Signed:	Date:
Name and date of third party (if signing on applicant's behalf)	
Name:	Status:
Name and date of third party (if signing on applicant's behalf)	

Please return to:

Supported Living Services  
25 South Eastern Road,  
Ramsgate,  
CT11 9TR



DIRECTOR/PROPRIETOR

John Forrest  
07976725979

OUTREACH/PROJECT MANAGER

Paul D.Nolan  
07970303553/01843 595 091

OFFICE/FINANCE MANAGER

Lesney Billings  
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PROJECT WORKERS

Maureen Skerritt  
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Teresa Taghlai

SUPPORTED LIVING SERVICES

25 South Eastern Road

CT11 9TR

Tel: 01843 595 091

E-Mail: [info@supportedlivingservices.org](mailto:info@supportedlivingservices.org)

**Statistical Information:**

This information will be kept separate from your application and will be used, without names, for statistical purposes to help us to maintain a fair policy and equality of opportunity.

What is your ethnic origin?

Asian (Indian)		Oriental (Chinese)		Latin American	
Asian (Bangladeshi)		Oriental (SE Asian)		Middle East	
Asian (Pakistan)		European (British)		Combination	
Caribbean		European (Non-British)		Other	
African		European (Irish)			
Are you?	Black	Mixed	Other		
Do you use a wheelchair?	YES/NO				
Are you registered Disabled?	YES/NO				

When completed please could you attach any further relevant information about the applicant? This might include any Pathway plan, Risk assessments e.t.c.