Francis House Application for Residence

STRICTLY CONFIDENTIAL

ASSISI COMMUNITY CARE EST.1985
FRANCIS HOUSE

APPLICATION DATE ADMISSION

PERSONAL DETAILS

NAME

ADDRESS

POSTCODE

DATE OF BIRTH AGE

NI NUMBER NHS

NATIONALITY

MARITAL STATUS RELIGION

ANY CHILDREN? SIBLINGS?

ANY BROTHERS/SISTERS?

NEXT OF KIN

NAME

ADDRESS

POSTCODE

PHONE MOBILE

EMAIL

RELATIONSHIP

EDUCATION & INTERESTS

WHAT IS YOUR LEVEL OF EDUCATION?

☐ PRIMARY ☐ GRAMMAR

☐ SECONDARY ☐ COLLEGE

☐ COMPREHENSIVE ☐ UNIVERSITY

WHERE DID YOU STUDY?

ANY HOBBIES/INTERESTS?

ANY SPORTS?

DO YOU HAVE A DRIVING LICENCE? ☐ YES ☐ NO

HAVE YOU BEEN BANNED FROM DRIVING? ☐ YES ☐ NO

IF YES, WHEN?

LENGTH OF BAN

ANY OUTSTANDING LEGAL ACTION/FINES?

☐ YES ☐ NO

IF YES, PLEASE GIVE BRIEF DETAILS OF CONVICTION OR SENTENCE

ANY PREVIOUS CONVICTIONS? ☐ YES ☐ NO

IF YES, PLEASE GIVE BRIEF DETAILS

PROBATION OFFICER (IF APPLICABLE)

NAME

ADDRESS

POSTCODE

BENEFITS

IF YOU RECEIVE STATE BENEFIT PLEASE INDICATE BELOW:

☐ IS ☐ DLA ☐ ESA ☐ PIP ☐ PC

HOW DO YOU GET YOUR BENEFIT?

☐ BANK ACCOUNT DATE OF LAST PAYMENT

MEDICAL

HAVE YOU HAD ANY PROBLEMS WITH

☐ ALCOHOL ☐ GAMBLING ☐ VIOLENCE

☐ DRUGS ☐ BED WETTING

PLEASE GIVE DETAILS, IE FROM WHAT AGE

IF YOU TICKED ALCOHOL WOULD YOU DESCRIBE YOURSELF AS AN

☐ ALCOHOLIC ☐ HARD DRINKER ☐ BINGE DRINKER

☐ HEAVY DRINKER ☐ PROBLEM DRINKER

IF YOU TICKED DRUGS ARE YOU REGISTERED AS AN ADDICT/ CASUAL USER?

☐ YES ☐ NO

HAVE YOU SUFFERED FROM

☐ EPILEPSY ☐ SCHIZOPHRENIA ☐ HIV

☐ DEPRESSION ☐ BREAKDOWN TB ☐ MEMORY LOSS

ARE YOU ALERGIC TO ANYTHING? ☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS

PRESENTLY TAKING MEDICATION? ☐ YES ☐ NO

PLEASE LIST

HAVE YOU HAD OR ARE YOU CURRENTLY HAVING PSYCHIATRIC TREATMENT? ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE

GENERAL PRACTITIONER

NAME

ADDRESS

POSTCODE

PHONE

EMPLOYMENT

WHAT TYPE OF WORK HAVE YOU PREVIOUSLY DONE?

☐ PROFESSIONAL ☐ MANAGER ☐ NON-MANUAL

☐ CLERICAL ☐ SEMI-SKILLED ☐ UNSKILLED

☐ ARMED FORCES ☐ SELF-EMPLOYED ☐ OTHER

JOB TITLE

DATES OF LAST PERIOD OF WORK

HOW WOULD YOU BENEFIT FROM YOUR STAY WITH US?

WHAT SUPPORT COULD YOU CONTRIBUTE TO OUR COMMUNITY AT FRANCIS HOUSE?

☐ CLEANING ☐ DECORATING ☐ GARDENING

☐ KITCHEN ☐ LAUNDRY ☐ RECYCLING

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DETAILS OF PREVIOUS HELP (NAME & LOCATION OF CENTRE)

TREATMENT CENTRE

DRY HOUSE

COMMUNITY

HOSTEL

HOSPITAL

OTHER

The personal information that you provide will be handled by Assisi Community Care in accordance with the Data Protection Act 1998. It will be used as part of the process of assessing your application. Your information will not be used for any other purpose and will not be disclosed to any other parties except where this is otherwise required by law.

SIGNATURES

APPLICANT SIGNATURE

NAME

DATE

PERSON SUPPORTING APPLICATION SIGNATURE

NAME

DATE

REFERRAL AGENCY

NAME

ADDRESS

POSTCODE

PHONE FAX

FUNDING AUTHORITY/PROVIDER

REFERRAL SOURCE (PLEASE TICK)

- ☐ CRIMINAL JUSTICE AGENCY
- ☐ SOCIAL SERVICES
- ☐ SELF-REFERRAL
- ☐ MENTAL HEALTH TEAM
- ☐ GP/PRIMARY CARE
- ☐ OTHER
- ☐ GENERAL HOSPITAL (INC A&E)
- ☐ LIAISON SERVICES (GEN HOS PSYCH)

REFERRAL AGENCY COMMENTS

PLEASE ATTACH ANY ADDITIONAL INFORMATION ON SEPERATE SHEETS. IF NECESSARY, CONTINUE OVERLEAF.