

Needs Assessment and Application for Supported Accommodation YMCA Doncaster, 31 Wood Street, Doncaster, DN1 3LH (01302) 342148

Registered Charity Number 250973 Registered Social Landlord H3639

YMCA Use Only

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YMCA Appl	ication Nu	ımber		Application Rece	Application Received								
years old. If	you would	l like to ap	ply, please t	fill this form out clearly	ople between 18 and 30 y. If you find this form								
difficult to u	nderstand,	please sp	eak to a me	mber of staff.									
Personal D	etails												
Title Fire	st Name(s)		Surname	Telephone Number								
Date of Bir	th			National Insurar	nce Number								
Gender Ide	entity			Sexual Orientation	on								
Email Addr	ess												
Name of th if different			ng the form	1									
Referral ag													
Current Ad	dress			Landlord Details									
Postcode													
Please give	dotaile o	f the last	throe plac	es you have lived									
Address	details o	From	To	Type of	Reason for leaving								
				Accommodation									
Have you li	ived at VM	ICA Dono	aster hefor	<u> </u>									
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What was	VOUL LESS	on for les	vina?										
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Please provide details of any professionals who you've had support from now or in the past. We will use the details below to obtain references to support your application.

Worker		Name	Organisation	Contact Details	Can we discuss your application with them
Probation Officer	Y/N				Y / N
Youth Offending Officer	Y / N				Y/N
Social Worker	Y/N				Y / N
Keyworker/Case Worker	Y/N				Y / N
Support Worker	Y/N				Y/N
Teacher or Tutor	Y/N				Y / N
Advocacy Worker	Y/N				Y / N
CPN / Mental Health Worker	Y/N				Y/N
Counsellor	Y/N				Y/N
Other	Y/N				Y/N
Other Y/N					Y/N

Finances

What is your current income – for example, from benefits or employment?	
How much do you receive?	

Alcohol and Substance Misuse

Have you ever used any of the following drugs? Please mark all that apply

	Never Use	ed Us	e Cui	rrently	1	l within past 6 ths		Used over 6 months ago			
Cannabis											
Heroin											
Cocaine (inc.											
Crack Cocaine)											
Methadone											
Blockers/Detox											
Legal Highs											
Other											
How many units	of alcohol	do vou drin	ık ea	ch week	on av	erage)	?	<u> </u>			
0 to 5 Units		5 Units		15 to 25		- 3-7		Units			
o to 5 onits	5 (0 1.	Joines		15 (0 25	Office		2J T				
Are you currently		support	Yes	/ No							
with reducing dr	inking?										
If yes, who are y support from?	ou receivin	ıg									
Physical Health Do you have:				Yes / No	0						
 Mobility re Needs that 	luding alle quirement require ac icluding lea	rgies s Iditional		Details:							
Are you pregnan	t?			Yes / No							
If yes, what is yo	our due dat										
Do you consider to have a disabili		Are you r		tered	Do you	-	uire ation for use b				
						wheeld					

Mental Health

		Please use this column to give details
Do you suffer from any mental health problems?	Yes / No	

Criminal Convictions

		Please use this column to give details
Do you currently have a Probation / Youth Offending order?	Yes / No	
Have you been convicted of a criminal offence or received a caution or ASBO?	Yes / No	
Have you ever been convicted of a sex offence or an offence of a sexual nature?	Yes / No	
Have you ever been convicted of arson?	Yes / No	

Would you like help with any of the fo	llowing? Tick all that apply	
Mental Health	Anti-Social Behaviour	
Physical Health	Moving On	
Alcohol /Substance Misuse	Reading and Writing	
Self Harm	Personal Hygiene	
Reducing Offending / Re-Offending	Manging Finances	
Domestic Abuse	Attending Appointments	
Training	Independent Living Skills	
Education	Finding Employment	
Registering with a Doctor	Registering with a Dentist	

Is there anything else that you would like to add to your application?	

Declaration

All of the information provided on this form is true and complete. I will tell YMCA Doncaster straight away if there are any changes. I understand that any false information I give can affect my application.

I understand that the information given as part of this application, and information provided or disclosed by myself or others later, will be stored by YMCA Doncaster whether or not my application is accepted.

If I am offered a supported accommodation place, I understand that information about my support needs and progress, rent, finances, and matters related to the accommodation will be stored by YMCA Doncaster and that data relating to my support provision may be provided to YMCA Doncaster's funders.

I understand that this is an application to take part in a programme of structured support, and I am willing to take part fully in that support.

Signature	Date

When you have completed this form, please return it to:

Accommodation Applications YMCA Doncaster 31 Wood Street Doncaster DN1 3LH

Scanned copies can be sent via email to stacey@ymcadoncaster.org.uk

Our first step is to find references for you. We will then invite you for an interview and discussion about the support service.

After your interview, we will contact you to let you know whether you've been placed on our waiting list.

You can contact us during office hours to check how your application is coming along. Please call 01302 342148.

If you feel that we have not handled your application fairly and properly, please write to

Appeals, YMCA Doncaster, Wood Street, Doncaster, DN1 3LH

Client	
Name	
Date of	
Birth	
Current	
Address	

This sheet is an essential part of your application.

In order to assess your need for Supported Accommodation, and for us to monitor your progress once you move on from the YMCA, we will need to request information from professionals who know you well, your past, present and future landlord(s) and anyone else who may be able to advise on your support needs.

We therefore need you to complete the two boxes above and sign the declaration below.

Consent for References and Move-On Information

I, the above named person, have applied for Supported Accommodation at YMCA Doncaster and have been asked to supply information about possible referees and other professionals who know me through their service.

I therefore give my consent for relevant information to be released to YMCA Doncaster, at their request, to enable them to complete a full background check.

I also understand that, for a period of up to one year after leaving YMCA Doncaster (which will be no later than three and a half years after the date of below), YMCA Doncaster may request information on my new accommodation and support provision, including personal information relevant to the monitoring of their services.

I therefore request that, should YMCA Doncaster request this information from future landlord(s), support provider(s) or other professional(s), that this is provided with them in order to evidence the service.

I appreciate your co-operation and would like to thank you in advance.

Signed	 	 	 ٠.	•	 		 	•	 	•		 						٠.		
Date	 	 	 		 		 		 			 								