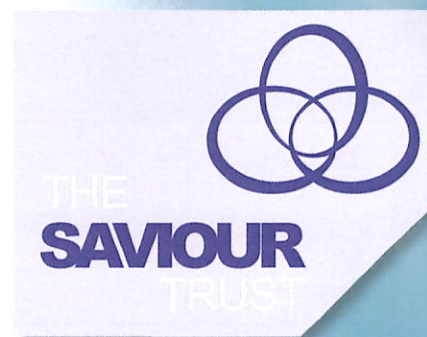


Referral Agency/Self	
Date referral received	



INITIAL SUPPORT ASSESSMENT

Dear Applicant,

We will use the information gathered on this form to process your application.

We may need to collect information about you from other agencies in order to fully assess your application.

Applicants Name:

Applicants Details:

Address/Last Known Address:
Postcode:
Telephone No:
Alternative Contact Number/Name:
Proof of N.I Number: Yes <input type="checkbox"/> No <input type="checkbox"/> N.I No:
I.D Produced: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Nationality:
Date of birth:
Age:
Gender: Male / Female / Transgender

Next of Kin Details:

Name:	
Address:	
Postcode:	Contact Number:

Current Housing Situation:

Details:	
Rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Injunction orders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Areas of concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	

Your Housing:

Where have you lived for the past three years?
(Include any hospital or prison stays)

Address	From	To	Reason for leaving

About you: (This will help us to make an assessment of your needs)

Family Situation:

Substance Misuse: Yes ☐ No ☐

Illicit Substances? Yes ☐ No ☐

Details:

Working with Agency: Yes ☐ No ☐

Details: **Contact name:**..... R.A.

Number:

Criminal Record? Yes ☐ No ☐

Details: R.A.

Probation? Yes ☐ No ☐ **Mappa?** Yes ☐ No ☐

Details:

Name of Probation Officer:..... R.A.

Area:..... **High Risk** ☐ **Medium Risk** ☐ **Low Risk** ☐

Are you on the sex offenders register? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any convictions for Arson? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal matters pending? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you consider yourself to have disability? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered with GP? Yes <input type="checkbox"/> No <input type="checkbox"/> GP Details:	
Are there any other medical conditions that you would like to disclose? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	
Mental health issues? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered with Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Details:	
<div style="float: right; border: 1px solid black; width: 40px; height: 30px; margin-left: 10px; text-align: center; line-height: 30px;">R.A.</div>	
Are you experiencing domestic abuse? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other areas that you would like support with? Details:	
<div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 10px;"> Permanent Accommodation Mental Health Employment Budget Other </div> <div style="display: flex; flex-direction: column; align-items: flex-end;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	

Your Financial Situation:

What Benefit's do you receive?	
ESA	
Job Seekers Allowance	
Disability living allowance	
Severe disability allowance	
Incapacity Benefit	
Universal Credit	
PIP	
Other (Please state)	
When is your next pay date?	
How much will you receive? £	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>

Are you working? Yes ☐ No ☐

If Yes:	How many hours do you work a week?
	What are your weekly earnings? £

Are you in education or on a training course? Yes ☐ No ☐

If yes:	What course are you doing?
	What hours do you do?

Further support issue's identified:

Are the service users basic needs met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clothing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support given:		
Food?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support given:		

Risk Assessment Results

/ 15

Housed ☐

Not Housed ☐

Details for decision:

Signed:

Declaration:

I confirm that the information given is correct. I confirm that I have not committed any sexual offences and I am not currently on or have in the past been on the sex offenders register. I understand that if any information I have provided is found to be false you may withdraw any service or offer of a service, including housing.

Signed (applicant):

Print name:

Date:

Your consent to contact your referral agency about this application:

(Please sign if you are applying with the support of a referral agency)

I give my permission for staff at The Saviour Trust to discuss this application and all the information I have provided in this form with the referral agency named on page 1 of this form.

Signed (applicant):

Print name:

Date:

Thank you for completing this application form

Our commitment

- We will confirm with you that we have received your application.
- We are bound by Confidentiality procedures and Data Protection legislation. Other than potentially being shared amongst our staff team, your application and its contents will not be shared with any outside agency or person(s).
- If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail.
- We will keep you informed about how your application is progressing
- If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
- We will make sure we treat your application fairly and without discrimination.

Appeals Process

If you are unhappy about any decision made in the application process, you can appeal to the General Manager. You can do this in writing, by telephone, or in person. Their details can be found on the foot of this form.

I consent to, and understand that, my name and address may be shared with the Police, Emergency Services, Wakefield Council and Probation Services.

Signed:..... Date:.....

Print Name:

THE SAVIOUR TRUST

All Saints Church Hall, Baghill Lane, Pontefract,
West Yorkshire. WF8 2HA.
Tel 01977 600335

Charity No 1122886. Company No 6136023
www.thesaviourtrust.co.uk

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