

Mental Health Vulnerable Adults Service Housing Support Eligibility Application Form

	Personal Details			
Title		Gender		
Full Name				
Marital Status				
Current Address				
Contact No.				
Email:				
Date of Birth		Age		N.I. No.
Nationality			Religion	
Employment Status				
Ethnic Origin				

Name of Next of Kin		
Address (Next of Kin)		

Living circumstances (Please tick the box(es) that apply)						
Living with parents		Living in private rented property				
Living with family/friends		Just left hospital/treatment centre				
Living in council accommodation		Just left prison/hospital/armed forces				
Living in housing association accommodation		Sleeping on the streets				
Living in temporary accommodation		No fixed address				
Homeowner		Other, please specify				
Looking to take up a tenancy						
Currently in hospital						
Living in residential care home						
Preferred Language				Interpreter Required		
Communication Needs	Large Print Braille	Mini Com Audio		Signer Translation	Other	
Dependants	Yes No	Ages of Dependants				
Preferred method of Contact	Telephone	Post	Email	Text	Visit	
Please state who you would preferred to be interviewed by:						
<input type="checkbox"/> Male		Female		<input type="checkbox"/> No preference		
*Please note advisors carry out of office assessments in pairs.						

Referrer Details (if applicable)			
Full Name			
Job Role			
Address			
Email		Contact No.	
Initial Support Needs			
Reason for referral			
	Support Required		Support Required
Help in setting up a home		Support to reduce debt and/or maximise income	
Issues relating to safety and security		Being healthier including physical and mental health.	
Support to access training, voluntary work and/or employment		Other (please state)	
Support to access community facilities		Further information if needed:	
Advice and guidance to carry out daily living skills			
Support to access other services			
Prevention of eviction from current accommodation			
Current Receipt of Service			
Are you receiving any other Supporting People Service?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Joint Packages

Are you currently receiving any combined services funded by Local Authority, Health Authority, Supporting People or Other

Yes No If yes please specify.....

Summary of Risk and Needs	Defined by Applicant	Defined by refferr
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Is there any known risk of the following:		
Violence	Suicide	Any other significant risk
Arson	Offending Behaviour	(please specify per week)
Sex Offence	Self Harm	

Details of any safety issues to you or to others	
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Preferred Provider (if applicable)**Summary of Support Required**

Declaration

I declare that the information I have provided on this form is correct.

I give permission for Birmingham Mind SPA to send my details to my preferred Providers as indicated below

I understand that a Support Provider will arrange to meet with me and carry out a detailed assessment of my support needs.

I understand the Single Point of Access Service may need to contact any person or organisation that is currently providing me with a service to support my application.

Applicant Signature

Date

Submission

Please send your completed application form and supporting documents to

vas_referrals@birminghammind.org

Office Use Only

Meets VAS Eligibility Criteria Yes No

(if No, please specify)

Has Applicant been advised of the Appeal Process Yes No

Applicant Referral to		Referral accepted by (Name)	
Date of Referral		Date Referral accepted	
Time of Referral		Time Referral accepted	

Response Time for Eligibility Assessment

Non Urgent - 3 days Urgent – 24 Hours

Details.....

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Service Provider Allocated

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Aspect Care | <input type="checkbox"/> Birmingham Mind |
| <input type="checkbox"/> SLC | <input type="checkbox"/> Wesley Supported Accommodation |
| <input type="checkbox"/> My Time | <input type="checkbox"/> R & J Supported Housing |
| <input type="checkbox"/> FCH | <input type="checkbox"/> Anvil House |
| <input type="checkbox"/> Praxis | |