



RACKFIELD HOUSE APPLICATION FORM

Rackfield House, Rackfield Place, Lower Bristol
Road, Twerton, Bath, BA2 1HB

*Please complete this form as fully as possible.
N.B Referring agencies should complete the sheet at the back of this form.*

PERSONAL DETAILS

NAME OF APPLICANT:.....

ALSO KNOWN AS:.....

DATE OF BIRTH:..... AGE.....

CURRENT CONTACT ADDRESS:.....

TELEPHONE NUMBER: HOME..... MOBILE.....

PLEASE STATE YOUR ETHNIC ORIGIN.....

YOUR CURRENT SITUATION

1. ARE YOU HOMELESS NOW? YES/NO IF NOT, WHEN?:.....

2. HOW HAVE YOU BECOME HOMELESS?
.....

3. WHERE ARE YOU STAYING CURRENTLY?
E.g. with friends or family, in a hostel, in private rented accommodation, bed &
breakfast or sleeping rough):
.....

4. WHAT WAS YOUR LAST PERMANENT ADDRESS?:.....
.....

5. YOUR SUPPORT NEEDS

RACKFIELD HOUSE IS A 'LOW' SUPPORT HOSTEL. WE ARE ABLE TO OFFER INDIVIDUAL KEYWORKING SESSIONS. WE ARE NOT A REHABILITATION HOSTEL. EACH APPLICATION WILL BE CONSIDERED INDIVIDUALLY.

PLEASE INDICATE BELOW THE AREAS OF SUPPORT THAT YOU WOULD BENEFIT FROM:

PLEASE TICK APPROPRIATE BOXES			
DEBT ADVICE	<input type="checkbox"/>	FUTURE ACCOMMODATION	<input type="checkbox"/>
ALCOHOL/DRUG RELATED ISSUES	<input type="checkbox"/>	TRAINING/EMPLOYMENT	<input type="checkbox"/>
BENEFITS ADVICE	<input type="checkbox"/>	PERSONAL SAFETY & RISK	<input type="checkbox"/>
PHYSICAL HEALTH & WELL BEING	<input type="checkbox"/>	EMOTIONAL HEALTH & WELL BEING	<input type="checkbox"/>
FAMILY CONTACT	<input type="checkbox"/>	USING OTHER SUPPORT SERVICES	<input type="checkbox"/>
SOCIAL & LEISURE INTERESTS	<input type="checkbox"/>	MOBILITY	<input type="checkbox"/>
READING/WRITING	<input type="checkbox"/>	HOUSEHOLD BUDGETING	<input type="checkbox"/>
CULTURAL & FAITH NEEDS	<input type="checkbox"/>	DOMESTIC SKILLS/NUTRITION	<input type="checkbox"/>
ANY OTHER ISSUES THAT YOU MAY WANT TO BE CONSIDERED?			

IF YOU ARE SUCCESSFUL IN YOUR APPLICATION FOR HOUSING AT RACKFIELD HOUSE, ARE YOU WILLING TO ATTEND KEYWORKING SESSIONS? YES/NO

EMPLOYMENT & FINANCE

6. ARE YOU CURRENTLY EMPLOYED? YES/NO

If yes, please answer the following:

HOW MANY HOURS A WEEK DO YOU WORK? ...

WHAT IS YOUR WEEKLY INCOME?..... PER WEEK/PER MONTH

TRAINING & EDUCATION

7. ARE YOU CURRENTLY STUDYING OR TRAINING? YES/NO

IF YES, PLEASE DESCRIBE.....

IS YOUR COURSE FULL-TIME OR PART-TIME? FULL/PART

SAVINGS/CAPITAL

8. DO YOU HAVE ANY SAVINGS OR CAPITAL? YES/NO

If yes: How much?.....

D.S.S BENEFITS

9. ARE YOU CLAIMING ANY BENEFITS FROM THE D.S.S? YES/NO

If yes, what type of benefit do you receive?.....

HEALTH AND PERSONAL WELFARE

10. ARE YOU REGISTERED DISABLED? YES/NO

ARE YOU REGISTERED WITH A LOCAL DOCTOR? YES/NO

CONTACT WITH THE LAW

(CONVICTIONS DO NOT NECESSARILY EXCLUDE YOUR APPLICATION)

11. HAVE YOU EVER BEEN CHARGED WITH ARSON? YES/NO (for insurance purposes)

12. DO YOU HAVE A PROBATION WORKER? YES/NO

If yes, please state their name and address.

.....

13. HAVE YOU EVER BEEN ON PROBATION, COMMUNITY SERVICE OR SERVED A CUSTODIAL SENTENCE?

If yes, please give details, including offences and dates of service.

.....

.....

CONTACT WITH OTHER AGENCIES

14. ARE YOU GETTING SUPPORT FROM ANY OTHER AGENCIES? YES/NO

If yes, please list:
(You do not have to provide this information)

Agency	Do you have a Support Plan with this agency?	Name & contact address/Tel no.

15. HAVE YOU APPLIED FOR ACCOMMODATION WITH BATH & NORTHEAST SOMERSET Council YES/NO

16. HAVE YOU EVER BEEN HOUSED BY A COUNCIL OR HOUSING ASSOCIATION?

YES/NO. **If yes,** please complete below:

Landlord	Address of property	Rent arrears outstanding?

Rackfield House Manual Section 4.2

17. WHERE DID YOU HEAR ABOUT RACKFIELD HOUSE?

18. HAVE YOU EVER LIVED OR APPLIED TO LIVE AT RACKFIELD HOUSE BEFORE? YES/NO

If yes: Please give details:

19. WHAT WOULD YOU HOPE TO GAIN FROM YOUR TIME AT RACKFIELD HOUSE?

DECLARATION BY APPLICANT

I understand that any false or misleading information, knowingly given in order to secure accommodation at Rackfield House, may result in my Licence Agreement being terminated.

I also understand that by signing this application form, I am consenting to the use of the information relating to my application, under the terms of the Data Protection Act 1984, all information received will be treated as confidential.

SIGNED.....**DATE**.....

PLEASE NOTE THAT ANY APPLICANT WHO TURNS UP FOR AN INTERVIEW UNDER THE INFLUENCE OF EITHER ALCOHOL OR DRUGS, WILL HAVE THEIR INTERVIEW TERMINATED AND WILL BE ASKED TO LEAVE THE HOSTEL.

REFERENCES

As part of our application process we require at least two references from another agency or independent third party.

NOTE: We are unable to accept references from family or friends. Should a Solicitor or GP be asked to provide a reference, we ask that a written reference be obtained and addressed in confidence to Rackfield House and enclose it with this application.

Please note you references below:

Name	Agency	Address	Tel: (No mobiles)

PLEASE NOTE

By signing this form you are giving your agreement for us to contact the above people/agencies for a Reference or further information.

Signature of applicant.....Date.....

TO BE COMPLETED BY THE REFERRAL AGENCY

Please bear in mind that we are a low support hostel and staff are sometimes working alone.

Name of person being referred.....

Referral agency:.....

Contact Name:..... Title:.....

1. Have you helped the applicant fill in the form? YES/NO

2. How long have you know the applicant?.....

3. Why do you think that Rackfield House will be suitable for the applicant?

4. Are you aware if the applicant has had any contact with other specialist Support Agencies or statutory agencies?

5. Is there anything else you feel we should know about in order to help us make our assessment?

Thank you for your time. Should you have any questions regarding the hostel and the support we are able to provide, please don't hesitate to ask.