### PART ONE OF REFERRAL/APPLICATION FORM

### Purpose of this Form:

The completion of this Referral/Application Form will help us to decide whether we can meet your needs and handle any special circumstances that may apply to you should you be admitted to Rosemount House to participate in our housing support and addiction recovery support services programme. We particularly need to ask you the following questions to ensure the continuing security, health and safety of yourself and all other residents, staff members and visitors at Rosemount House. **Also, we are an equal-opportunities hostel for all, and therefore please refer to our equality and affirmative action statement on page 8 below. However, our hostel is only available for men over 18 who are homeless alcoholic/drug addicts who may also have attendant problems. We are not only Referral-based e. g. from HAC/NIHE, Cuan Mhuire, GPs, addiction agencies, hospitals, etc.)) but also accept Direct Access Applications.**

### Confidentiality:

Any information given by you will receive the protection of our Confidentiality and Data Protection policies but such information may need to be shared with “Supporting People” (NIHE), your G.P. (and or other external professionals, such as your psychiatrist, CPN, PBNI, social worker) and a small number of our staff members involved in any decision to admit you and provide you with support services at Rosemount House. This is on a “need to know” basis.

**Eligibility:**

The eligibility criteria for admission to Rosemount House are as follows:

1. The Applicant must be male, alcoholic, aged 18 or over, and registered as homeless by the NIHE, or, if not homeless he must pay the equivalent of State Benefit rates;
2. The Applicant must be ready, able and willing to undergo our 18-24 months’ housing and addiction recovery support services programme, which is run on AA principles and is directed towards his homelessness, addiction, and/or related problems.
3. The Applicant must demonstrate a continuing genuine desire to address his addiction (e.g. by attendance at AA/all House meetings, doing House chores, etc.) and take advantage of all housing and addiction recovery support activities to the best of his ability so as to aid achieving and maintaining a tenancy or other independent tenure and/or to improve his health and quality of independent living;
4. Applicants who come within any of the categories listed on page 9 of this Form **must** provide any further relevant information or mitigating circumstances on page 10 of this Form.

**Application Details**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_\_ Age

Please give details of referral source: Agency  Self

Referral agency and contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been a resident at Rosemount House Yes  No

Registered with GP: Yes  No  National Insurance No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please give details of doctors’ name and address of practice:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Is the Applicant Homeless** Yes  No

Is the Applicant registered as Homeless Yes  No

(If the Applicant is homeless but not registered as such this must be addressed prior to any admission)

**Has the Applicant any rent arrears with NIHE or private Landlord?** Yes  No

(If yes, there must be an agreement on the payment issue before entry to Rosemount House)

# Type of addiction(s):

Alcohol  Illicit Drugs  Alcohol/Drugs

Prescribed Medication  OTC Medications  Solvents/Legal Highs

**Alcohol Usage, Needs & Risks Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name of Treatment Facility** | **Length of Treatment** | **Treatment Type** |
|  |  |  |  |
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**Date of last alcohol drink taken: \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Drug/Substance Use, Needs & Risks Assessment**

**In the past what was the main drug/drugs used?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug/Substance type** | **Used**  **Yes No** | | **Age when**  **first used** | **Last week Quantity** | **Past month Quantity** | **How taken** |
| **Heroin** |  |  |  |  |  |  |
| **Cocaine/Crack** |  |  |  |  |  |  |
| **Amphetamines** |  |  |  |  |  |  |
| **Cannabis** |  |  |  |  |  |  |
| **Ecstasy** |  |  |  |  |  |  |
| **Solvents/Legal Highs** |  |  |  |  |  |  |
| **Other**  **(Specify)** |  |  |  |  |  |  |

**Date of last drugs/substances taken: \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**Needs on Alcohol/Drugs, etc. Usage, for example:**

Is applicant currently involved in alcohol/drug counselling Yes  No

Would applicant wish to avail of alcohol/drug counselling Yes  No

Any other needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Physical Health Needs & Risks Assessment:

(Please 🗹 if yes or leave blank if no, as appropriate)

Heart condition  Sclerosis of the liver  Diabetes

TB  Asthma  Food Allergies

COPD  Epilepsy  Hypertension

Smoker  Hearing Loss  Sight impairment

Speech Impairment  Mobility Issues  HIV/Hepatitis C

Or any other disability/disorder that we need to know about: e.g. recent fall/hospitalization, wounds etc.)

|  |
| --- |
| Please provide details of any of the above applicable categories and, if applicable, state list of prescribed medication/OTC medication, amount and frequency of dosages and what this is for, and state any further needs the Applicant may have: (**N.B. We are unable to provide personal care – see page 9)**  ………………………………………………………………………………………………………………...............................................................................................................................................................  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...................................................................................................................................................................................................................................  …………………………………………………………………………………………………………….  If admitted, any changes to medication or any other needs & risks must be recorded in the resident’s “Support and Risk Management Plan”. **Also, please provide any further relevant information on page 10.** |

# Mental Health Needs & Risks Assessment:

Have you ever had or are you in receipt of; psychiatric services, or been resident at a community-based hospital, or mental health unit, or a specialist hostel? Yes  No

If yes, do you have a psychiatric diagnosis Yes  No

If yes state diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If psychiatrist/CPN involved, please provide name, address and telephone number:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last seen or next appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever attempted suicide Yes  No

If yes, how many times and date of last attempt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever contemplated/had prolonged thoughts about suicide Yes  No

If yes, when was the last such thoughts etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever self-mutilated Yes  No

If yes, how many times and date of last attempt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been aggressive or violent Yes  No

If yes, provide details and date of last incident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| If answered yes to any of above, please describe details of suicidal thoughts, attempts, self-harm, aggression etc. and any psychiatric diagnosis, e.g. clinical depression, psychosis, schizophrenia, paranoia, OCD, etc. and dates, details of last incidents and hospitalisations, treatment and involvement with mental health agencies, and, state any other mental health needs or risks pertaining to the Applicant (**N.B. We are unable to provide personal care – see page 9)**  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………..**Also, please provide any further relevant information on page 10.** |
| **Current mental health problems: Please tick if Yes**  Depression  Panic Attacks  Anxiety  Memory Problems  Manic depression  Aggressive behaviour  Eating disorder  Suicidal thoughts  Hallucinations  Suicide attempts  Delusional thoughts  Phobias  OCD  Other  Please provide details of any of the above applicable categories and state list of prescribed medication/OTC medication, amount and frequency of dosages and what this is for, and state any further needs or risks pertaining to the Applicant: (**N.B. We are unable to provide personal care, see page 9)**  ……………………………………………………………………………………………………………..  ......................……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………If admitted, any changes to medication must be recorded in the resident’s “Support and Risk Management Plan”. (**Also, please provide any further relevant information on page 10**) |

# Legal Needs & Risks Assessment:

1. Do you have a Probation Officer Yes  No

2. Are there any bail conditions Yes  No

3. Have you ever been evicted from a dwelling or another hostel Yes  No

4. Have you ever been convicted of a sexual offence Yes  No

5. Have you ever been convicted of arson Yes  No

6. Have you any recent history of physical or verbal aggression to others Yes  No

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| If yes to any of the above, and/or there are any needs the Applicant may have, e.g. appointment of solicitor, please provide details. **Also, please provide any further relevant information on page 10.**  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….... |

### Education Needs & Risks Assessment:

Reading, writing and speech difficulties? Yes  No

(If yes, the possibility of an essential skills courses to be examined in the subsequent “Support Plan”)

Do you have links with any health & social care trust, learning difficulties team or have a social assessor or any other agency to help with any educational or other problems? Yes  No

If yes, please give contact name, agency and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Also, please provide further information on page 10.**

**Have you any Financial or Budgeting Risks?:** Yes  No

**If yes,** please provide details in the box below.

**Are you in receipt of State benefits?** Yes  No

**If Yes**, provide details in the box below on what type and amount of benefit(s) you receive.

**If No**, provide details on how much you can afford to cover the costs of our supported accommodation.

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| --- |
| Please provide details on the above financial or budgeting risks:  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………(Continue on page 10, if necessary) |

**Risks from Others and any Consequent Needs:**

|  |
| --- |
| Please provide details of source and nature of risks from others and any consequent needs, e.g. from other agencies, from individuals/organisations in wider community (family, acquaintances, paramilitaries, etc.) or within the House (e.g. negative history with an existing resident or staff member), etc.  ……………………………………………………………………………………………….....................  ………………………………………………………………………………………………....................  ………………………………………………………………….........(Continue on page 10, if necessary) |

# State Other Agencies Involved & Any Attendant Needs & Risks Arising, e.g. PBNI, PSNI:

|  |
| --- |
| Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Needs & Risk(s)……………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………………………………(Continue on page 10, if necessary) |

**Checklist & Indicators of Main Risks/Concerns (H=8-10, M=5-7, L=1-4):**

**If any risk is high (using total score in each section divided by number of indicators for average), consult with the Manager (possible onward referral/eviction)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk of Suicide** Yes  No  (**If no**, proceed to next section: **if yes**, score indicators) | **High** | **Medium** | **Low** |
| Previous suicide attempts |  |  |  |
| History of self-harm |  |  |  |
| Expressing significant distress |  |  |  |
| History of violence |  |  |  |
| Expressions of hopelessness |  |  |  |
| Mental health diagnosis |  |  |  |
| Recent ending of significant relationship |  |  |  |
| Threatening suicide |  |  |  |
| Significant life events |  |  |  |
| History of admission to psychiatric unit |  |  |  |
| **AVERAGE SCORE ON SUICIDE RISK** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk of Aggression/Violence** Yes  No  (**If no**, proceed to next section: **if yes**, score indicators) | **High** | **Medium** | **Low** |
| History of violence |  |  |  |
| Expressions of paranoia |  |  |  |
| Signs of anger or frustration |  |  |  |
| Expressions of anger/revenge towards others |  |  |  |
| History of prison sentences |  |  |  |
| History of admission to psychiatric unit |  |  |  |
| Habitual violent language/threats |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **AVERAGE SCORE ON VIOLENCE** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk of Neglect** Yes  No  (**If no**, proceed to next section: **if yes**, score indicators) | **High** | **Medium** | **Low** |
| Poor Hygiene Poor nutrition |  |  |  |
| Few positive social contacts |  |  |  |
| Difficulty managing money |  |  |  |
| Poor personal relationship history |  |  |  |
| Lack of awareness of concerns of others |  |  |  |
| Self-denial of problem |  |  |  |
| Significant life events |  |  |  |

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| --- | --- | --- | --- |
| **AVERAGE SCORE ON NEGLECT** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Risks** Yes  No  (**If yes**, score indicators) | **High** | **Medium** | **Low** |
| Vulnerable to exploitation by others |  |  |  |
| Tendency to exploit others |  |  |  |
| History of harassment/abuse of others |  |  |  |
| History of being harassed/abused |  |  |  |

**Average score on other risks**

**Average Mean Score as a High (8-10)  Medium (5 -7)  Low (1-4)**

In order to assess your needs and risks and suitability for our support services, we may need to discuss your application with your doctor, psychiatrist, CPN and other agencies such as your social worker, PBNI, solicitor etc. and other staff members within Rosemount House on a “need to know” basis. We need your consent for access to this information.

We have in place and abide by our “Equal Opportunities for Applicants/Residents Policy” and our “Fair Access, Diversity and Inclusion Policy” and consequently in regard to all applications for admission to our hostel, we comply with all the equality legislation and therefore do not discriminate on the grounds of race, nationality, ethnic origin, disability, religion/belief, political opinion or sexual orientation, or a for any other reason that does not pertain to membership of one of these groups, for example, whether or not the applicant has dependants, appearance, dress or class**.** However, our hostel is only available for men over 18 who are homeless alcoholic/drug addicts who may also have attendant problems.

**Our residents base is currently mainly Roman Catholic and it is under-represented by non-Catholics, black or Asian or other ethnic minority groups. We would therefore positively welcome applicants from these under-represented groups.**

**Note for Applicants upon Refusal of Entry:**

**The duty support-worker must inform unsuccessful applicants of the reasons for refusal who must be signposted to a more appropriate support services agency or to the HAC (NIHE) or back to the referral agency. There is a right of appeal against decisions arising from assessments. The unsuccessful applicant may appeal to the Management Team within 5 days, and the appeal decision to be given within a further 5 days. No admission prior to an appeal decision. The Applicant may also raise any complaint regarding refusal with the Supporting People team of the NIHE or an independent advisor, e. g. CAB or Solicitor**

Applicant’s signature of consent to share information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_.

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support-worker’s/Referral Agent Witness to consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return by post, fax or email to:**

The Manager

Rosemount House Limited

424 Antrim Road,

Belfast,

BT15 5GA

**Phone:** 028 90779740; **Fax:** 028 90748548; **Email:** support@rosemounthouselimited.org

**PART TWO**

**N.B. The Duty Admissions’ Officer on making the decision to accept or refuse must refer to pages 7 & 9 hereof and to the “Policy on Assessment & Support Planning” and “Identifying and Managing Risks Policy” contained within the “Staff Manual (Residents)”**

**Accepted for Admission: Yes  No**

|  |  |
| --- | --- |
| The Applicant does not meet eligibility requirements |  |
| The Applicant has such needs and risks arising from Learning Difficulties, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has such needs and risks arising from Dementia, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has such **mental health needs and risks or requires personal care** which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has a serious **physical condition requiring immediate and/or on-going medical treatment or personal care giving rise to such needs and risks**, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has a recent conviction for arson, giving rise to such needs and risks, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has a sexual conviction or has some other recent serious criminal conviction, giving rise to such needs and risks, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has in the recent past demonstrated unacceptable/challenging behaviour giving rise to such needs and risks, which after assessments, cannot meet and/or manage. |  |
| The Applicant has a continuing serious hard drugs problem giving rise to such needs and risks, which after assessments, Rosemount House cannot meet and/or manage. |  |
| The Applicant has been refused entry due to no available bed spaces but is on waiting list. |  |

**Duty Admissions’ Officer’s reasons for refusing admission and advice given e.g. onward referral to “Crisis Unit”, local hospital, emergency accommodation, HAC, etc.**

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| Regarding Pages 7 & 9 and above-mentioned policies, please comment on refusal of entry, continue on supplementary on page 10, if necessary  ……………………………………………………………………………………………….............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. |

**Note for duty Admissions’ Officer upon refusal of entry:** The Duty Admissions’ Officer must inform unsuccessful applicant of the reasons for refusal who must be signposted to a more appropriate support services agency or to the HAC (NIHE) or back to the referral agency. There is a right of appeal against refusal of entry. The unsuccessful applicant may appeal to the Management Team within 5 days, and the appeal decision to be given within a further 5 days. No admission prior to an appeal decision. The Applicant may also raise any complaint regarding refusal with the Supporting People team of the NIHE or independent advisor, e.g. CAB or Solicitor.

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **This Supplementary Sheet is for the use of the Applicant and/or Referral agency to provide any further relevant information on the Applicant’s needs, risks, and suitability for entry to Rosemount House, including any mitigating circumstances where the Applicant comes within any category on Page 9.** |
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| You may have an unplanned session with your K/W at any reasonable time. Your scheduled session is Four weeks from today’s date on the\_\_\_\_\_\_/\_\_\_\_\_/2019 |
|  |
|  |
| **Signed and dated by the Applicant/...........................................................................Date-----/----/2019**  **Signed and dated by Admissions/Duty Worker:......................................................Date\_\_\_/\_\_\_/2019**  **Signed and dated by the Manager:...........................................................................Date......./....../2019** |