



New Resident Referral Form

Please note we only take people who have been clean and sober for 10 days.

Please complete the following questions as honestly and fully as you can. All information will be treated in confidence.

Please return this form to 10-12 Picton Street, Bristol BS6 5QA telephone: 01179 414 075 or email addiction-recovery@seechange.org.uk.

The final page asks you to supply the names and addresses of two people who can write a reference for you. We do not accept anyone without references.

Your Details

Name

Contact Address

Contact telephone number

Date of Birth

Gender

When do you need to move into new accommodation

Why do you need to move from your current accommodation?

Your Finances

What is your current income?

From what source?

Do you have any outstanding debts?

If yes, what type of debt?

What caused this debt ?

What action is being taken to clear this?

Your Physical and Mental Health

Do you have any physical issues or ailments?

If you have current physical, mental or emotional problems, please explain what help, if any, you need to manage them

Do you need regular medication

If yes, what medication is it? (Please note there are certain medications we cannot allow on our premises)

Why do you need it?

Do you have or have you had substance misuse issues?

Please tell us about this eg: Drugs used; whether clean and for how long; what types of treatment tried

What support have you in place at present to help you

Do you have any disabilities/impairments?. Yes/No

Offending

Do you have any past or current criminal offences? Yes/No

If yes, what are they?

Do you have any current links to the criminal justice system?

Have you been violent in the past? Yes/No

If yes, what happened?

Thinking about yourself

Have you shared accommodation with other people before? Yes/No

How did you get on?

What problems might there be for you sharing a house with others?

What plans do you have for your future?

How well are you able to look after yourself?

Is there anything in day-to-day life where you may need help with?

In the last four years have you had a problem with any of the following:

Please ✓ any that apply to you.

Abusing alcohol

Abusing drugs

Gambling

Debts

Anger

Getting on with other people

Mental Health

Loneliness

Violence towards others

Dealing with people in authority

Paperwork and filling in forms

Managing on a day-to-day basis

Being bullied

Fire setting

Self Harm

Damaging property

Managing your money

Getting employment

Keeping employment

Reading or writing

Numbers

English language

Now * any that are current problems for you.

Use the space below to describe current problems and the help you think you need?

Please tell if you are in contact with any agencies or people that may continue to help you. e.g. probation services, social services, health worker, key worker, local college, family, friends, mentor, advocate etc.

Please write down anything else that you would like to add to your application

Please give names and addresses of two people we can contact for a reference.

1) Name.....

2) Name

Address.....

Address

.....

.....

Post Code

Post Code.....

Tel. No.

Tel. No.

Job title.....

Job title.....

Please give us the name and address of your last landlord:

[Empty rectangular box for landlord information]

Pease check that what you have written is complete and true before you sign and date this form.

Name (Print)

Date.....

Signature

.....

Please return this form to SeeChange, 10-12 Picton Street, Bristol BS6 5QA, or email to addiction-recovery@seechange.org.uk.

Telephone 0117 941 4075