

APPLICATION FOR ADMISSION - ("X" for selected facility)

Care & Support Services

- Clearwater House
- Glencarn House
- Dumbarton House (age 45 and above)

Support only services

- Sophia House
- Glendun House
- Belgravia Terrace
- Willow House

Name _____

D.O.B. _____

Permanent Address _____

Age _____

Tel No. _____

Current Address _____

Marital Status _____

Tel No. _____

NEXT OF KIN _____

G.P. _____

Name _____

Name _____

Relationship _____

Address _____

Address _____

Tel No. _____

Hospital Doctor _____

Tel No. _____

Tel No. _____

Supporting care manager { if applicable } _____

Responsible Community Based CPN or Social worker

Other referral Agency

Community Team

Name _____

Name _____

Position
Address _____

Address _____

Tel No. _____

Tel No. _____

RESPONSIBLE PSYCHIATRIST

Name _____

Address _____

Tel No. _____

If in Hospital – who is the referrals community psychiatrist ?

MEDICAL / PSYCHIATRIC DATA

Psychiatric Report Included ("X" for Yes)

Current Diagnosis _____

Current Treatment

Hospital _____ From _____ To _____

Reason for Admission _____

Treatment _____

Diagnosis _____

Current Treatment (excluding medication)

Arrangements which will be made for client to see psychiatrist and/or other professionals

CURRENT MEDICATION

Medication list

Would the applicant benefit from assistance with medication YES / NO

Has applicant ever self-harmed? YES NO

Has applicant ever attempted suicide? YES NO

If YES, Please specify:

Has the applicant ever attempted to harm others? YES NO

Has the applicant ever been violent towards others? YES NO

If YES, Please specify:

Has the applicant had previous or current addiction issues ?

Has the client undertaken any counselling, attended voluntary groups or taken medication for addiction issues ?

PROBATION DATA

Forensic Report included

Past Convictions

Offence _____

Date _____

Sentence _____

Offence _____

Date _____

Sentence _____

Please identify any areas of risk (including to others) if placement proceeds:

Arrangements which will be made for continued supervision if application is successful:

COURT ORDER AND OTHER PROCESSES INCLUDING ANY RESTRICTIONS UNDER MENTAL HEALTH LEGISLATION

Current (with dates):

Expired (with dates):

OCCUPATION AND WORK HISTORY

Social History included (this is often completed by social work or nursing keyworker) ("X" for Yes)

Occupation _____ from _____ TO _____

Occupation _____ from _____ TO _____

Current ability to work/ Steps taken for re-employment/ Occupational Activities / Interests:

IDENTIFIED NEEDS FOR STAY TO BE INCORPORATED INTO THE CARE - SUPPORT PLAN

Current health trust Care Plan Included ("X" for Yes)

Daily Living Skills. Would the applicant benefit from assistance with their living area, cooking, or attending appointments ?

Individual Long term goals and preferred long term housing goal (after 2 years care - support)

Finance and Housing

Is the referral barred from the NIHE accommodation ?

Does the applicant have any special financial arrangements i.e. guardianship, Appointee ship. Or is capacity being assessed currently.

Is the applicant eligible for (or currently receive) housing Benefit

Does the applicant have substantial savings or a pension from a previous employer which may affect the applicant receiving full benefits.

Date of last ESA or Universal credit payment

Does the client have Valid Photographic identification ?

Does the applicant have a current housing need ?

Application Checklist			
Psychiatric History	<input type="checkbox"/>	Social History	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	Forensic Report	<input type="checkbox"/>
Current Care/Support Plan	<input type="checkbox"/>	Monitoring Questionnaire	<input type="checkbox"/>

Dear referrer and applicant please note.

For a referral to proceed a potential service user must first visit the premises to ensure choice.

We encourage a number of visits or daily visits to facilitate Threshold's needs assessment , risk and equality monitoring form. This also allows current service users to express any views they may have on a new person moving into their home.

When returning this document please include

- 1) Completed application, signed by the applicant (service user) with a *named* supporting care manager**
- 2) A psychiatric and Social History – (These may be contained in one document).**
- 3) Most recent Trust care plan**
- 4) Safety Plan / comprehensive risk assessment document.**
- 5) Any forensic information**

Threshold staff will complete a detailed presentation based risk assessment with community keyworkers and discuss aspects of risk management with applicants with a view to developed a further support plan for the resident while in the scheme.

At Clearwater House/ Dumbarton house and Glencarn house care management support is necessary in order to assure funding criterion are met. It is also important that the applicant has access to a named community based (HSC) keyworker to support the individual in their occupancy at the house.

Thank you for your consideration.

Applicant and Referrer Declaration

I declare that the information on this form is correct and complete. I have received ample information in relation to the service offered by Threshold and agree to this application being made on my behalf.

I declare that the information on this form is correct and complete. I recommend that the applicant be considered for placement in one of Threshold's houses and agree to take suitable steps to arrange alternative care &/ or support should the need arise.

For Office Use Only

Application Received: _____

Confirmation of Receipt Posted: _____