

Introduction

This application refers to Chrysalis's abstinence specialised support service which provides high quality safe accommodation and medium – low structured support for people recovering from substance misuse and/or dependency.

Our addiction support service is primarily aimed at people who have a history of unsettled lifestyles and have been through or are undertaking treatment and who are recovering from substance misuse and/or dependency. Residents in this scheme are committed to an abstinence-based lifestyle, and who, without our support and accommodation would be at risk of relapse and/or homelessness.

Chrysalis believe that living and sharing in a safe, supportive and communal environment can help individuals work towards developing healthy relationships, structure and self-discipline. By residing in a change-focused setting, individuals can work at a realistic pace toward positive self-directed goals and aspirations.

Objectives

Provide good quality, secure accommodation and to prevent homelessness.

Provide a flexible, structured and appropriate level of support for all residents.

Assist residents in identifying and addressing their primary health needs.

Encourage residents to acquire and develop life and social skills.

Encourage residents to access community resources, seek voluntary work and explore educational and employment options.

Support residents to take greater personal responsibility for themselves and their recovery.

Support residents to explore 'move-on' options when they feel they are ready.

Assist residents to fully integrate with themselves and resettle into the community in a stable and constructive way.

Assist residents to reach their own inner potential.

Support residents as they process their traumatic experiences.

Chrysalis is NOT able to offer a place to individuals with the following:

- Diagnosed with a severe and/or complex mental health condition which is antecedent to their substance abuse, such as schizophrenia
- Pregnant
- Couples
- Pets
- Those requiring medical detox
- Any schedule 1 offence, past or present
- Any offence committed under the Sexual Offences Act 2003

Application Requirements

Applications can be made by **the applicant or an agency** representing the applicant. If someone else completes this application form on behalf of the applicant, please provide details in section provided.

We require a period of at least **six weeks abstinence** before applying for our service.

Applicants need to be in receipt of either Employment Support Allowance, Personal Independent Payment or Universal Credit in order to reside with Chrysalis, unless they are self-funding.

A negative drug and alcohol urine test is required by all residents on day of admission, and consent and compliance to impromptu drug and alcohol testing throughout their residency.

The licence agreement includes a clause which insists on total abstinence from alcohol and illicit substances for all the residents in this service, and the failure to adhere to this could result in the licence being terminated immediately. Medications prescribed by health professionals such as a GP, dentist or psychiatrist are permitted; they need to have been pre-agreed with Chrysalis and need to be accounted for.

At least **one written reference** is required to support the application.

This form must be completed in full and submitted to Chrysalis along with **two approved forms of ID, proof of benefits and a current bank statement**.

Please list documents attached:

Proof of ID	Proof of ID	Proof of Income/Benefit	Proof of National Insurance (NI)

Proof of Income

- Bank or building society statements for the last 2 full months
- Proof of other income or investments, including shares, ISAs or Premium Bonds
- Proof of state claimed benefits

Accepted Form of ID (please note that 2 are required)

- UK photocard driving licence or current passport
- birth or marriage certificate
- certificate of registration or naturalisation
- permanent residence card
- letter from HMRC or the Home Office
- recent utility bill, bank or building society statement
- recent benefit award statement

Assessment Process

When an application form has been completed, please return it with the supporting documents via post or email.

Once the application has been processed, the applicant will be contacted and, provided we feel we can offer the right support, an initial assessment will be arranged. The initial assessment takes place either face-to-face or online.

If this part of the assessment is successful, the applicant will be invited to meet with the residents who currently reside at the abstinence-based property and meet with staff at Compass Project to discuss the supported structured program. This gives the applicant the opportunity to ask questions, ease anxieties and hear lived experiences of Chrysalis clients and Compass service users. The meeting usually takes place at the property and the Compass Project.

When the applicant has met with the residents, Chrysalis will inform them via phone call or email as to whether their application has been successful. If the application was successful, a move-in date will be arranged for the earliest convenient date.

This assessment process can take up to two weeks and so it is vital that when referring to Chrysalis, it is done so with plenty of time before discharge from a treatment centre.

Unsuccessful Application

If the applicant is not offered an initial assessment interview, Chrysalis will inform them within fourteen working days, via phone or email, outlining specifically the reasons which lead to that decision.

If, during the assessment process, something comes to light which means that Chrysalis is not able to offer a place, the applicant will be informed immediately via phone call or email.

The applicant has the right to appeal this decision and will also have the right to appoint a representative that can also request that the decision is explored by an outside independent body. If it is deemed that Chrysalis have acted unfairly, the application will be revisited. If Chrysalis believe that the initial decision was wrong, if appropriate, the decision will be reconsidered.

After assessment, Chrysalis like to ensure, wherever possible that unsuccessful applications are given clear and appropriate guidance as to other possible agencies or organisations that may be able to provide the support or appropriate help.

Please return the application form and supporting documents to:

Chrysalis Supported Association Limited
3 Brook Office Park, Emerson's Green, Bristol, BS16 7FL

OR: referrals@journeycare services.co.uk

Information sent to this address is shared by more than one company within the group to offer the best support possible. Please only use this address if you are happy with the information being shared

Section 1: Applicant's Details

Applicant's Details	
Date of application	
Name	
Date of birth	
Age	
Contact telephone number	
Email address	
National Insurance number	

Current Address	
Address	
Post code	
Homeless/no permanent abode	

Previous Address	
Address	
Post code	

Next of Kin	
Full name	
Address	
Post code	
Contact telephone number	
Relationship to applicant	
Do we have the applicant's permission to speak with this person?	

Section 2: Residential Treatment Details

Residential Rehabilitation Treatment Details (if applicable)	
Clinic name	
Address	
Telephone number	
Email address	
Admission date	
Completion date	

Key worker name	
Referring Agency Information (if applicable)	
Referral Agency:	
Referral Address:	
Contact number:	
Email address:	
Contact name:	

Section 3: Income/Benefit

Please provide details of current benefits received by applicant, including weekly amounts received:

Benefit Type	
Amount per week/fortnight	
Benefit Start Date	

Benefit Type	
Amount per week/fortnight	
Benefit Start Date	

Please note: the applicant is required to pay a service charge in addition to any money received from their housing benefit claim.

Does the applicant have a current Housing Benefit claim?

Yes / No

If **yes**, please provide details of address of current claim, housing benefit reference number, amount received and start date:

Address of housing benefit claim	
Claim Reference	
Local authority	
Amount received	
Start date	

Please provide details of current employed/self-employed income received by applicant, including amounts: please note, it is not permitted to run a business from a Chrysalis property

Business name	
Employment start date	
Weekly/monthly income amount	

Business name	
Self-employed start date	
Weekly/monthly income amount	

Please provide details of any savings/capital of applicant, including amounts: *please note, this is for rent and Housing Benefit purposes*

Type of savings (bonds, ISA)	
Bank/building society	
Amount	
Account Number	
Sort Code	

Type of savings (bonds, ISA)	
Bank/building society	
Amount	
Account Number	
Sort Code	

Has the applicant registered with Home Choice, South Gloucestershire's Housing Register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant registered with another Local Authority Housing Register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note: it is recommended that the applicant make an application to Home Choice as soon as possible

Section 4: Addiction and Behaviours

Please specify the applicant's length of abstinence:

R/A Level (office use only)

How long was the applicant using substances addictively?

What substance/s was the applicant primarily dependent on?

Please provide details of other problematic behaviours the applicant has engaged in:

Details (inc length of abstinence from behaviour)

Self-Harm	
Gambling	
Excessive shopping or spending money	
Sex	
Codependency	
Work	
Gaming	
Other	

R/A Level (office use only)

What blocks to recovery has the applicant identified: please note, this is to ensure that the applicant can be supported with these

1	
2	
3	
4	
5	

Please describe in the applicant's words, the consequences addiction had on the following:

Details

Relationships with Family (parents, siblings, spouse/partner, children, extended family)	
Friendships	
Education/ Employment	
Physical Health and Hygiene	
Mental Health and Wellbeing	

What personal strengths and attributes has the applicant identified in themselves:

1	
2	
3	
4	
5	

Section 5: Medical History and Information

**Is the applicant being treated for any other condition other than chemical dependency?
Details:**

Does the applicant take any prescribed medication?
If yes, please provide details of the medication and prescribed dosage:

Has the applicant recently given birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any dependent children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate if the applicant has been diagnosed by a GP, Psychiatrist and/or Clinical Psychologist with any of the following health conditions/neurodiversity and provide details:

		Details
Anxiety	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	
Complex Post-Traumatic Stress Disorder (CPTSD)	<input type="checkbox"/>	
Borderline Personality Disorder	<input type="checkbox"/>	
Autism Spectrum Disorder	<input type="checkbox"/>	
Attention Deficit Hyperactivity Disorder	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

R/A Level (office use only)

Has the applicant ever been diagnosed with, or waiting diagnosis of:

Details

HIV	
Hepatitis A	
Hepatitis B	
Hepatitis C	
Sexually transmitted illness/infection/disease	
Other infectious illness	
Other disease/illness which could put applicant/others at risk	

R/A Level (office use only)

Section 6: Criminal History and Information

Please note: failure to disclose accurate information regarding the issues asked, or if information obtained at a later date contradicts the information provided in this section of the application form, it could result in the applicant's offer of a place being withdrawn or their licence being terminated.

Has the applicant ever committed or awaiting conviction of a serious violent offence?

(e.g. GHB, manslaughter, murder, arson, armed robbery etc)

Details:

If yes, please provide a supporting letter outlining and explaining the offences, the dates they relate to, and reasons you believe Chrysalis should not consider these convictions to be a risk to the safety other service users.

Is the applicant subject to probation, licence, drug treatment order, or any other order imposed by court?

Details:

Does the applicant have any court orders outstanding?

Details:

Has the applicant recently been discharged from a treatment centre, supported accommodation project or bail hostel?

Details:

R/A Level (office use only)

Section 7: Addiction Treatment History and Information

Please list any previous help/treatment the applicant has received for their addiction, including placements and dates:

Treatment Centre	Type of Treatment (primary, secondary, day treatment)	Date/s

Was the applicant discharged from a Treatment Centre/Clinic above prematurely?
Details:

Section 8: Support Needs

Please indicate the types of support the applicant would need in order to be supported towards independent living, autonomy and continued abstinence:

Emotional Support	<input type="checkbox"/>
Mental Health Support	<input type="checkbox"/>
Health and Wellbeing	<input type="checkbox"/>
Peer Support/Groups	<input type="checkbox"/>
Accessing other Services	<input type="checkbox"/>
Money Management	<input type="checkbox"/>
Education	<input type="checkbox"/>

Employment/Voluntary	<input type="checkbox"/>
Accessing Benefits	<input type="checkbox"/>
Supervision of Medication	<input type="checkbox"/>
Identifying Triggers/Risk	<input type="checkbox"/>
Other – please specify:	
	<input type="checkbox"/>
	<input type="checkbox"/>

What support networks does/has the applicant used to maintain their recovery? (e.g 12 Step Fellowship, SMART, CBT Groups, Church Groups, Online Sober Community)

Details:

R/A Level

What does the applicant hope to gain from a place with Chrysalis? Please give at least 3 treatment objectives:

1)	4)
2)	5)
3)	6)

Section 9: Additional Information

Additional Information (please provide all details)

<p><u>Current GP</u></p> <p>Name</p> <p>Address</p> <p>Contact Number</p> <p>Email</p>	
<p><u>Other Health Professional</u></p> <p>Name</p> <p>Address</p> <p>Contact Number</p> <p>Email</p>	
<p><u>Social Worker</u></p> <p>Name</p> <p>Address</p> <p>Contact Number</p> <p>Email</p>	
<p><u>Care-Coordinator</u></p> <p>Name</p> <p>Address</p> <p>Contact Number</p> <p>Email</p>	
<p><u>Probation Officer</u></p> <p>Name:</p> <p>Address:</p> <p>Contact Number:</p> <p>Email:</p>	

Section 10: Information Sharing and Consent

This section needs to be completed by the applicant. Please note: without these, Chrysalis are not able to acknowledge the applicant’s residency which may affect the support that Chrysalis are able to provide.

Please indicate with which agencies the applicant gives consent for Chrysalis Supported Association Limited to share information with:

GP	<input type="checkbox"/>
South Glos Council	<input type="checkbox"/>
Adult Social Services	<input type="checkbox"/>
Children’s Social Services	<input type="checkbox"/>
Care Coordinator	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>
Mental Health Team	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>
Dentists	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Other:	
	<input type="checkbox"/>
	<input type="checkbox"/>

I _____ hereby consent and give Chrysalis Supported Association Limited and its representatives the permission to release and obtain information about me from those I have assigned in the above list.

Applicant Signature

Date

Section 11: Equality and Diversity

As an organisation we seek to collect equality and diversity data for all of our tenants. Your answers will help us make sure that our services are fair and open to all. There are some sensitive questions, but your answers will be treated in the strictest confidence. You don't have to answer any questions you are not comfortable with.

Ethnicity

	You
White	
<i>British</i>	<input type="checkbox"/>
<i>Irish</i>	<input type="checkbox"/>
<i>Eastern European</i>	<input type="checkbox"/>
<i>Other European</i>	<input type="checkbox"/>
<i>Romany/Gypsy/Traveler</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Asian / Asian British	
<i>Indian</i>	<input type="checkbox"/>
<i>Pakistani</i>	<input type="checkbox"/>
<i>Bangladeshi</i>	<input type="checkbox"/>
<i>Chinese</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Mixed	
<i>Black African</i>	<input type="checkbox"/>
<i>Black Caribbean</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Black / Black British	
<i>White / Black African:</i>	<input type="checkbox"/>
<i>White / Black Caribbean</i>	<input type="checkbox"/>
<i>White / Asian</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Other Ethnic Group	
<i>Arab</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Religion

	You
Atheist	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Sexual Orientation

	You
Asexual	<input type="checkbox"/>
Heterosexual/Straight	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Gender Identity

	You
Same gender as you were given at birth	<input type="checkbox"/>
Different gender from that given at birth	<input type="checkbox"/>
Gender Neutral	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Section 12: Data Protection Act 1998/ Data Collection

Please be aware that all the information contained within this application form will be kept strictly confidential. This information will only be used to assess your suitability for support in our abstinence specialised supported accommodation service.

The information provided in this application form is placed on a computer database. This enables us to access your details more efficiently. A paper copy of this application form is stored in a locked cabinet, in a locked office and is available for Chrysalis Supported Association Limited staff only.

In accordance with the Data Protection Act 1998, your computer and paper record is only made available to those having a need to know. No personal information will be released to anyone outside this organisation. You have the right to ask for a copy of your information, and for a description of how we are using it and who we may give it to.

We would be most grateful if you would sign below as having read and understood the above and that you agree the personal information provided may be held in digital form for use as described.

Please note, Chrysalis Housing will handle personal data in accordance with the provision of the Data Protection Act 1998. Chrysalis Housing's policy on Data Protection compliance is available on request.

Applicant Signature

Date

(Office use only)

Risk Level Indicator:

- 1: Low level risk
- 2: Low to medium level risk
- 3: Medium level risk
- 4: Medium to high level risk
- 5: High risk

Risk Matrix:

- 1-10 Low Risk
- 11-20: Low/ Medium Risk.
- 21-30: Medium/ High Risk
- 31-40: High Risk

Section 13: Declaration

Statement of Binding Declaration

I understand that the information I have provided in this application form is, to the best of my knowledge, accurate and true. I understand that any information that is later found to be inaccurate or false, may lead to any offer of support being declined, a licence offer being withdrawn, or licence agreement being terminated immediately.

Applicant Signature

Date

This application was completed by: (if not completed by applicant)	
Signed	
Print name	
Contact details	
Date	

Personal Information on this form may need to be shared with other organisations within the Chrysalis Group to allow for the purpose of holding the data to be met. There will always be a good reason for sharing the data and the minimum amount will be shared securely with individuals only as necessary. For more information refer to the company privacy policy. Special category data such as medical or conviction information will only be shared for legitimate purpose and if possible, you will be informed of who it will be shared with and why.