



# Chrysalis Supported Association

## “A Safe Home, A Fresh Start, A Bright Future!”

### Application Form

Chrysalis Supported Association Limited, is an exempt charity (XR95728) and an Industrial & Provident Society (29818R) for the benefit of the community and a not for profit organisation incorporated under the Industrial and Provident Society's Act 1965 regulated by the Financial Conduct Authority (FCA)  
Chrysalis Supported Association Ltd is also a Non-Profit Private Registered Provider of Social Housing Registered Number: 4751, Regulated by The Homes & Communities Agency (HCA) The Social Housing Regulator. Registered Office 204 Cheltenham Road, Cotham, Bristol, BS6 5QZ



## **INTRODUCTION**

Chrysalis Supported Association Limited offers Temporary Structured Supported Housing in a variety of settings such as shared homes, shared flats and self contained flats. We offer a variety of different support and direct intervention services. This application refers to our addiction support service where we offer high-medium, medium-low and low to very low structured support for men & women who are in recovery, or seeking recovery from addiction and/or alcoholism and who are committed to maintaining an abstinent lifestyle and who without our support and accommodation would be at risk of homelessness. The level of support provided mirrors the accommodation that a tenant resides in, their own identified need and their capacity to function more independently without our support.

- Tenancies in the form of license agreements are normally available for a minimum of 6 months and up to 2 years, subject to individual need.
- All licence tenancy agreements include a clause insisting on total abstinence from drugs and alcohol whilst resident except prescribed drugs where permitted.
- It is preferred that each prospective client provide two references, however one written reference and a verbal reference will be acceptable in some cases.
- Referrals are accepted by Agencies or by Individuals.
- A clean drug and alcohol urine sample is required by all residents on the day of admission. This applies to all support stages.
- Chrysalis does not accept clients who have a diagnosed severe enduring and chronic mental health condition, which is antecedent to their drug use.
- Chrysalis does not accept anyone on medication prescribed or otherwise that would affect their ability to live in a community based support service.
- Chrysalis does not accept couples, pregnant women, and pets.
- Chrysalis does not accept people with any schedule 1 offences past or previous.

## **Chrysalis' Aims**

Chrysalis provides high quality safe accommodation and support services with effective evidenced based client focused outcomes. Our addiction support service is primarily aimed at men & women who have a history of homelessness or unsettled lifestyles that have been through or are undertaking treatment and who are in and seek recovery from addiction and/or alcoholism.

It is our belief that living and sharing in a safe supportful communal setting can help individuals work toward developing healthy positive relationships, structure and self-discipline. Thus enabling & building trust in themselves and others whilst working at a realistic pace in a change focused environment toward their own positive self directed goals and aspirations.

Chrysalis insists on a policy of total abstinence from illicit substances for all residents in this service, including alcohol excepting where permitted prescribed medications.

## **Objectives**

- To provide good quality, secure accommodation and to prevent homelessness.
- To provide a flexible, structured and appropriate level of support for all residents.
- To assist residents in identifying and addressing their primary health needs.
- To encourage residents to acquire and develop life and social skills.
- To encourage residents to access community resources, seek voluntary work as and when appropriate and to explore educational and employment options.
- To help residents to take greater personal responsibility for themselves and their recovery.
- To enable residents to explore 'move-on' options when they feel they are ready.
- To assist resident to fully integrate with themselves and to resettle drug & alcohol free back into the community in a stable and constructive way.
- To assist residents to reach their own inner potential and to realise independent living.

**Please tick the services you would like to apply for**

(Please ensure all relevant boxes are ticked)

	Yes	No
<b>Accommodation with High to Medium Support (Phase 3)</b>		
<b>Flat share Accommodation with Medium to Low Support (Phase 4)</b>		
<b>Self Contained Flats with Low to Very Low Support (Phase 5)</b>		

- **A clean urine and alcohol sample will be required on admission to all stages.**
- **Chrysalis Supported Association does not cater for those who require a medical detox or have complicated medical conditions.**

**In order to access Phases 3, 4 or 5 you will need to be at least 6 weeks to 1 year clean.**

**In order to apply for a place at Chrysalis you will need to fill out all of this form, if you need assistance please call us and we will make someone available to you over the telephone to help you with this. If you do not fill out all of the application and do not provide the additional supporting documents then your form may not be processed or could be returned. Please be assured that all information will be treated with the strictest confidence.**

**INITIAL ASSESSMENT APPLICATION**

**CONFIDENTIAL**

***SECTION 1. GENERAL INFORMATION***

Name:

Date of application:

D/O/B:

Age:

*Please circle:*

Male      Female

Current address:

Contact Telephone Numbers

Landline:

Mobile:

National Insurance Number:

Religious Orientation:  
Nationality:  
Do you have any special dietary requirements?

In the event of us needing to contact your next of kin do we have your permission to tell them who we are?  
  
*Please Circle:*    YES    NO

Next of Kin:  
Relationship to you:  
Address:  
  
  
  
  
  
  
  
  
Contact telephone number:

Are you in receipt of income support, disability or incapacity benefit?  
**Please specify-**  
YES:                      NO: (Please Circle)  
  
How much? £..... weekly.

Are you currently in receipt of housing benefit?  
  
*Please Circle:*  
  
YES                      NO  
  
If yes, please give details  
  
Please note unless someone is paying for you will be required to pay a top up directly from your own benefit. The amount of this is dependent on stage of support and type of benefit you are in receipt of. Those not in receipt of statutory benefits will need to inform us how they intend to pay for their support and accommodation costs.

**SECTION 2. PERSONAL PROFILE**

Please indicate yes or no to the following questions

**Please indicate the length of time Clean/Abstinent:**

For how long did you use drugs and/or alcohol problematically?

Are you currently in treatment?

YES NO (Please Circle)

If yes please indicate your agreed completion date:

Are you currently homeless or have no fixed address?

YES NO (Please Circle)

Are you currently in custody?

YES NO (Please Circle)

If yes please state date of release:

Are you or do you expect to be subject to probation, licence, Drug Treatment Order or other such order imposed by the court?

YES NO (Please Circle)

If yes please give details

Do you have any outstanding court cases?

YES NO (Please Circle)

If yes please give details:

Have you ever been convicted or awaiting conviction of a serious violent offence such as GBH, Manslaughter, Murder, Rape, Armed Robbery, Aggravated Assault or other such offences?

YES NO (Please Circle)

If yes please send us a covering letter with an explanation of the offences the dates they relate to and the reasons why you feel we should not consider these as a risk to the safety of other service users and therefore as a reason to not offer you a place at Chrysalis.

Have you ever been convicted of any sexual offence?

YES NO (Please Circle)

If yes please do not complete the rest of this form as Chrysalis is unable to offer you a service due to the nature of your offences.

Have you ever been placed on a sex offender's register?

YES NO (Please Circle)

If yes please do not complete the rest of this form as Chrysalis is unable to offer you a service due to the nature of your offences.

Have you recently been discharged from another treatment centre, supported accommodation project, or bail hostel?

YES NO (Please Circle)

If yes please give details as to why this has happened:

Are you currently on any prescribed medication that would place you or others at risk if you were to stop taking it?

YES NO (Please Circle)

If yes please give details:

Have you ever suffered from any mental health condition that has been diagnosed by a recognised professional such as a Psychiatrist or Clinical Psychologist?

YES NO (Please Circle)

If yes please give specific details:

Have you ever self-harmed?

YES NO (Please Circle)

If yes please give specific details including your last episode of self-harm:

Have you ever suffered from any type of eating disorder?

YES NO (Please Circle)

If yes please give specific details including any treatment:

HIV:

YES NO (Please Circle)

If yes please give details including any treatment. Please provide dates etc if possible:

Are you currently being treated for any mental health condition?

YES NO (Please Circle)

If yes please give specific details:

Are you being treated for any other condition other than chemical dependency?

YES NO (Please Circle)

If yes please give specific details:

Hepatitis A/B/C:

YES NO (Please Circle)

If yes please give details including any treatment or immunisations. Please provide dates etc if possible:

Do You Have A Sexually Transmitted Illness?

YES NO (Please Circle)

Have you ever been diagnosed of, or are waiting for a diagnosis of, any of the following?

If yes please give details including any treatment. Please provide dates etc if possible:

Do you have any other illness or conditions that are infectious or likely to place either you or anyone else at risk?

YES NO *(Please Circle)*

If yes please give details:

Are you registered as handicapped or disabled?

YES NO *(Please Circle)*

If yes please give specific details:

Is there any condition or life situation that would mean that you would need specific specialist treatment or specially adapted aids in the accommodation you would live in?

YES NO *(Please Circle)*

If yes please give specific details:

**IMPORTANT NOTICE**

Please note that failure to disclose accurate information regarding the issues asked for in this application could result in any offer of a place being withdrawn or your tenancy ended if the information is later obtained and contradicts what was initially disclosed by you.



**SECTION 3 ASSESSMENT AND SUPPORT**

Please tick from the list below those types of support that you feel you would need in order to be supported towards living independently, autonomously and to remain drug/alcohol free?

<b>SUPPORT YOU IDENTIFY THAT YOU NEED</b>	<b>YES</b>	<b>NO</b>
Help in setting up and maintaining home or tenancy		
Developing and maintaining domestic life skills.		
Help and support in remaining abstinent from drugs, alcohol and other malproductive dependency's and behaviours		
Developing social skills and behaviour management.		
Advice, advocacy and liaison:		
Help in managing finances and benefit claims:		
Emotional support, general counselling and advice:		
Help in gaining access to other services:		
Help in establishing social contacts and activities:		
Help in establishing personal safety and security		
Supervision and monitoring of health and well being:		
Supervision or monitoring of medication:		
Peer support and befriending:		
Help finding other accommodation:		
Liaison with probation or other professional's		
Access to local community organisations		

<b>Please describe briefly what you feel the consequences of your addiction had on the following:</b>
<b>Family:</b>
<b>Health:</b>
<b>Social:</b>
<b>Financial:</b>

<b>Treatment History: (Please list any previous help/treatment you have received in the past, including any placements and dates.</b>
<b>Primary:</b>
<b>Secondary:</b>
<b>Community Based Projects:</b>
<b>Everybody has strengths and weaknesses. What do you feel are your strengths and weaknesses?</b>
<b>What support networks do you use/have you used to maintain your recovery?</b>
<b>What do you hope to gain from a place with Chrysalis Please list at least 3 treatment objectives</b>
1. ..
2. ..
3. ..

<b>Are you registered with the Bristol Housing Register or any other Housing Register (Delete as applicable)</b>
<b>Yes / No</b>
<b>If 'Yes', when did you register?</b>
<b>Are you registered with any other Housing provider? (Delete as applicable)</b>
<b>Yes / No</b>
<b>If 'Yes', please supply names and dates:</b>

### **OUR OBLIGATION TO YOU IF UNSUCCESSFUL**

Thank you for taking the time to complete this initial assessment application. Please be aware that all of the information contained within will be kept strictly confidential. This information will only be used to assess your suitability for support in our supported accommodation projects. If your application was sent by post and we do not offer you an assessment interview we will make it clear to you why within 7 working days of making our decision. This will either be on the phone or in writing, detailing our reasons specifically.

You will have the right to appeal this decision and will also have the right to appoint some one as your representative that can also request that our decision be looked at by an outside independent body if you should require this. If it is deemed that we have acted unfairly we will look again at your application. If we feel that our initial decision was wrong we will if it is appropriate, reconsider it.

After assessment we also see it as our obligation to you to ensure if at all 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 help appropriate to you.

It may also be the case that your application is not approved due to changes that we feel you may need to make first before again being reconsidered ready for this type of support. It is our responsibility to inform you if this is the case and to make clear

and specific suggestions and recommendations that are deemed reasonable in as much as it is viewed to be within your ability to make these changes in preparation of being offered a conditional offer in our supported accommodation services.

### **STATEMENT OF BINDING DECLARATION**

I understand that the information I have disclosed is to the best of my knowledge true and accurate. I understand that any information that is later found to be inaccurate or false may lead to any offer of support being declined and if offered residence any tenancy terminated immediately.

**Signed:**

**Date:**

Please return this form together with any other information that you feel is appropriate to the following address, clearly marked private & confidential.

***ADMINISTRATION DEPARTMENT  
CHRYSALIS SUPPORTED ASSOCIATION LIMITED  
204 Cheltenham Road, Cotham, Bristol, BS6 5QZ.***

***Please note that if you need us to come to you in order to carry out or complete an assessment, this will need to be funded either by yourself or by a third party. Please contact us directly if you require further information.***

**Consent to release confidential information From or To the following:-**

Please Indicate: Yes or No to indicate your preference:

Police

Probation

Social Services

Bristol City Council- South Gloucestershire Council

General Practitioners

Dentists

Hospitals

Other organizations or professionals please state:

Friends:

Family:

**I (Name) \_\_\_\_\_ Date \_\_\_\_\_**

**Hereby consent and give Chrysalis Supported Association Limited and its representatives consent to release and or obtain information from those I have assigned from the above list.**

**Signed \_\_\_\_\_**

**SECTION 5. MONITORING OUR SERVICES**

**We are committed to providing services which are fair and available to all. To help us monitor this we would be grateful if you could answer the following questions. Rest assured your response will be kept strictly confidential.**

Age:

Sex: Male  Female

**Are you registered disabled?**

Yes:  No:

**Which of the following best describes your ethnic origin?**

**White**  
British:  Irish:

Other - Please specify

**Mixed**  
Please specify:

White & Black Caribbean:

White & Black African:

White & Asian:

Other-Please specify:

**Asian or Asian British**

Indian :  Pakistani:  Bangladeshi

Other - Please specify:

**Black or Black British**

Caribbean:  African:

Other - Please specify:

**Other Ethnic Group**

Chinese:

Other-