

### Recovery First Housing eligibility criteria

The service will consider applications from people who have:

- completed a detox and rehabilitation programme or are 28 days abstinent, committed to their recovery.
- Homeless
- Have a local connection or able to create an emergency discharge plan alongside staff and family
- Whose primary issues are substance misuse related
- Are willing to engage with appropriate care plans and support
- Have low to medium level of support needs
- Are 18+ years

Recovery First housing is primarily a supported accommodation service for people in recovery from substance misuse. However, support is offered for other non-housing, addiction related needs through co-production partnership working and multi-agency working.

Recovery First Housing does not have an overall exclusion policy however applicants can be refused if their needs cannot be met by the service such as:

- No housing needs
- Risk is too high to be managed by the service
- Have high level of need related support
- Service users refuse to sign the relevant forms
- Service users have knowingly not declared or given false information during the assessment process

This is not an extensive list and referrals can be refused for other reasons which will be disclosed upon decision. Advice and information will be given to the service user on other available options. The applicant will be given information on the appeals process.

All service users need to demonstrate a willingness, open-mindedness, and honest approach to engaging with support.

A risk assessment and management plan will be complete with an emphasis on safeguarding the service user, staff, and community. If the risk is too high the service user will be referred to another service.

### Service user Details

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Contact number</b>	
<b>Current Address</b>	
<b>NI No</b>	
<b>Gender</b>	
<b>Ethnic origin</b>	
<b>Marital status</b>	
<b>Dependents</b>	
<b>Next of kin Details: Relationship to service user: Contact Number Contact Address:</b>	

### Referring Agency Details

<b>Referring Agency Name</b>	
<b>Contact Person</b>	
<b>Email address</b>	
<b>Contact Number</b>	
<b>Can you please state the nature of support you provide and how often the service user is engaging with your service</b>	

	Yes/No
Do you own your own property	
Have you ever served in the army	
Have you ever been in the care of social services	
Have you ever been subject to a child in need or child protection plan	
Do you have or have had a social worker, if yes can you provide their contact details:	
Detox/Rehab/recovery status: i.e., where and when did the detox take place.  How long at rehab?  How long clean?	
Can you provide ID:	

<ul style="list-style-type: none"> <li>• Passport</li> <li>• Driving license</li> <li>• Birth certificate</li> </ul>	
Have you ever been engaged with our service before	No/Yes
Have you ever been engaged with another supported accommodation service? Please provide details:	
Are you (please tick) <ul style="list-style-type: none"> <li>• Working full time</li> <li>• Working part time</li> <li>• On universal credit</li> <li>• On job seekers allowance</li> <li>• On PIP</li> <li>• On ESA</li> <li>• Other (Please state)</li> </ul>	Please note start date, income amount and frequency:

**Support needs**

Area of need. Please tick if support is needed. Please	
Drugs and alcohol misuse (Mandatory)	
Managing accommodation or tenancy (Mandatory)	
Motivation and taking responsibility	
Managing money	
Self-care and living skills	
Social networks and relationships	
Meaningful use of time	
Physical health	
Mental health	
Offending behaviour	
Other (Please state)	

### **Mental Health Needs**

Please tick if applicable and note if diagnosed, when diagnosed, by who or last episode.	
Depression	
Anxiety	
Eating disorder	
Personality disorder	
Bi-polar	
Schizophrenia	
Suicidal ideation	
Self-harm	
Other	

### **Please provide a list of all current medication**

Please note if these are being taken as prescribed:

### **Physical disabilities**

Please state any physical disabilities and how these impact your practical abilities. Please state how this is being managed.

### **Substance misuse issues**

Please Tick all boxes that apply and note how many years this has been an issue.	Amount	Frequency
Alcohol dependence		
Binge drinker		
Heroin		
Crack		
Cocaine		
Methadone script		
Subutex script		
Ketamine		
Cannabis		
Spice (Synthetic cannabis)		

Amphetamines		
Tranquillisers		
Other		

**Professional Involvement**

Please note any other professionals involved with your care.

Agency	Worker	Contact details	Type of support

**Accommodation History**

Please provide details of your accommodation history over the last 5 years. Please tick the appropriate box if any of the following problems were encountered in current or previous accommodation over the last 5 years, most recent first?

Address	Current tenancy arrears	Former tenant arrears	Recharges	H Benefit Overpayment	Anti-Social Behaviour	Abandonment	Other Issues

If you have ticked yes to any of the above, please provide further details

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**Criminal history**

Do you have any convictions relating to? Please tick

	Yes	No	N/K	Outcome/Sentence
<b>Arson</b>				
<b>Burglary</b>				
<b>Criminal Damage</b>				
<b>Drug charges</b>				
<b>Sexual Offences</b>				
<b>Theft</b>				
<b>Violent related Offences including Domestic violence</b>				
<b>Others Please State</b>				

Are you currently or historically subject to any of the following	Date	Worker details
MAPPA (Multiple agency public protection arrangements)		
Drug Rehabilitation requirement		
Integrated offender Management		
Schedule 1		
Community Order		
Anti- Social behaviour order		
Tag		
Other:		

It is a condition on you being offered accommodation with Recovery First Housing that you have an emergency discharge plan in place. Should you have to be discharged due to relapse, unacceptable behaviour or breach of the conditions you agreed to we need to know you have somewhere safe to return to. This can be any nominated friend or family member. However, should the nominated person be unable to offer you accommodation in the event of an emergency at that time you may need to return to your local authority for emergency housing.

Nominated Individuals I can stay with	My Local Authority is	Other service offering discharge support

**PLEASE NOTE: THIS REFERRAL CANNOT BE ACCEPTED UNLESS SIGNED BY THE SERVICE USER BELOW.**

**I AGREE THAT I HAVE READ THE ABOVE FORM AND THAT I CONSENT TO THE PERSONAL DETAILS BEING SENT TO RECOVERY FIRST HOUSING TO SUPPORT MY APPLICATION.**

**PLEASE TICK IF AGRRED**

**I AGREE THAT RECOVERY FIRST HOUSING CAN INFORM THE ORGANISATION THAT HAS COMPLETED THIS FORM WITH ME OF THE OUTCOME OF THIS REFERRAL AND THE DETAILS OF ANY SUPPORT OR HOUSING THAT IS PROVIDED.**

**PLEASE TICK IF AFGREED**

**I AGREE THAT RECOVERY FIRST HOUSING CAN CONTACT ME AND CARRY OUT AN ASSESSMENT OF MY NEEDS RELEVANT TO SUPPORTED ACCOMADATION.**

**YOUR PERSONAL DETAILS WILL BE KEPT CONFIDENTIAL AND NOT SHARED WITH ANYONE ELSE WITHOUT YOUR CONSENT, UNLESS WE ARE LEGALLY OBLIGED TO DO SO.**

**FURTHER INFORMATION ABOUT HOW RECOVERY FIRST HOUSING USES AND STORES YOUR PERSONAL INFORMATION CAN BE FOUND IN OUR DATA PROTECTION POLICY AND PRIVACY NOTICE.**

**PLEASE SIGN.....**