Lighthouse Projects are supported housing projects for adults seeking to establish abstinence-based lives after chemical addiction (including alcohol), within a mutual aid community setting. We provide a safe and supportive environment where residents share being part of a mutual aid recovery community with each other, accessing support through attending Alcoholics Anonymous and / or Narcotics Anonymous meetings. Our aim is to support our residents as they recover from the ravages of addiction, regain their sense of balance and well-being, and establish strong foundations for fulfilling and enjoyable lives, with healthy mutually beneficial relationships, and lifestyles that are sustainable over the long term.

**Referral process**: This application form is the first step in a multi-step process outlined overleaf. The Newquay Lighthouse Project has tried, as far as possible, to simplify its various forms, but a full assessment must be carried out on the suitability of each candidate.

This application will only be accepted from a referral agency or appropriate professional. This is to ensure applicants have always had appropriate advice. The information you provide in this form will be treated as STRICTLY CONFIDENTIAL and for Lighthouse Project staff use only. Forms are stored and destroyed in accordance with GDPR regulations.

Please return this application form to: info@newquaylighthouseproject.org

You can also post this form to 28 St Georges Road, Newquay, Cornwall, TR7 1RD

|  |  |
| --- | --- |
| Date |  |
| Name of referring agency/organization |  |
| Agency contact name |  |
| Job title |  |
| Contact telephone |  |
| Contact email |  |
| Signature |  |

Applicant Details

|  |
| --- |
| Applicants full name: |

|  |
| --- |
| Telephone Number: |

|  |
| --- |
| Are you homeless? Yes/No  If yes, please state length of homelessness: |

|  |
| --- |
| Current address:  Post code: |

|  |
| --- |
| Local Authority: |

|  |
| --- |
| Date of Birth: Age: |

|  |
| --- |
| National Insurance Number: |

|  |
| --- |
| Marital status: Single Married Divorced Living with spouse |

|  |  |
| --- | --- |
| Please state your religion  *If you do not wish to disclose this, state N/A* |  |

|  |  |  |
| --- | --- | --- |
| Are you leaving prison?  *Include release date* | Yes / No |  |
| Will you be on tag/license?  *Include end date* | Yes / No |  |
| Will you be attending probation? | Yes / No |  |
| Are you at risk of reoffending? | Yes / No |  |

Support Requirements

Do you have any difficulty with any of the following?

|  |  |  |
| --- | --- | --- |
| Reading | Yes / No |  |
| Writing | Yes / No |  |
| Form filling | Yes / No |  |
| Budgeting | Yes / No |  |
| Processing information | Yes / No |  |
| Managing medication | Yes / No |  |

|  |  |  |
| --- | --- | --- |
| Do you have any disabilities?  If yes, please give details. | Yes / No |  |
| Do you require any adaptations?  If yes, please give details. | Yes / No |  |
| Do you require additional / external support?  If yes, please give details. | Yes / No |  |

Mental Health

|  |  |  |
| --- | --- | --- |
| Do you have a current mental health issue? If yes, please give details. | Yes / No |  |
| Do you have a history mental health issues? If yes, please give details. | Yes / No |  |
| Are you taking any prescribed medications for a mental health issue? If yes, please give details. | Yes / No |  |
| Have you previously attempted to harm yourself or commit suicide? | Yes / No |  |

Medical Detail

|  |  |  |
| --- | --- | --- |
| Do you have any current or historical cases of Hepatitis infection? | Yes / No |  |
| Do you have any other infectious medical conditions? | Yes / No |  |
| Do you have any non-infectious medical conditions for which you are receiving treatment? | Yes / No |  |
| Please list all medications that you are currently prescribed including dosage amounts | None | |

Addiction Detail

|  |  |
| --- | --- |
| Please describe which substance(s) you have experienced addiction with, including alcohol.  *Please include drug types, amounts & frequency of use* |  |
| How long have you been a substance / alcohol user? |  |
| Have you been through a detox process?  *Please include dates & locations.* |  |
| Have you previously been to rehab or made any other attempts to resolve your addiction before?  *Please include names of rehabs or other therapeutic centers & dates attended.* |  |

General Information

|  |  |
| --- | --- |
| Are you aware of Alcoholics Anonymous / Narcotics Anonymous? | Yes/No |
| Have you previously attended any meetings? | Yes/No |
| Are you willing to attend a minimum of 3 meetings per week? | Yes/No |
| Are you willing to engage in the 12-step recovery process? | Yes/No |

|  |  |  |
| --- | --- | --- |
| Do you have any previous experience of living in a shared/community environment? | Yes/No |  |

* Please provide details of any support you currently receive, who provides this and their relationship to you. This includes medical professionals, counsellors, support workers, family members, religious leaders etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role/relationship | Type of Support received | Contact details |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |

Financial Information

|  |  |  |  |
| --- | --- | --- | --- |
| What is your main source of income | Checkmark outline | How much do you receive? | Weekly or monthly? |
| Employed/Self employed |  |  |  |
| Long term sick / disability |  |  |  |
| Pension |  |  |  |
| Student |  |  |  |
| Universal Credit |  |  |  |
| ESA |  |  |  |
| JSA |  |  |  |
| PIP |  |  |  |
| Investments / personal finances |  |  |  |
| No income |  |  |  |
| Other |  |  |  |

Declaration and Consent

Are you related to any member of The Newquay Lighthouse Project’s staff or any committee member?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

The information I have provided is correct, to the best of my knowledge. I understand that The Newquay Lighthouse Project reserves the right to terminate my licence to occupy any accommodation, and withdraw any support, obtained by deliberately providing false information or withholding essential information.

I hereby give permission for relevant information to be given to this organisation, in respect of my application.

Applicant’s signature Date

Referrer’s signature Date

Job Title

Risk Assessment

* This section is to be completed by the agency submitting the referral, *not* the client.

Please tick all risks that are applicable to your client.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Risk | To SELF | | | To OTHERS | | |
| High | Med | Low | High | Med | Low |
| Schedule 1 / Dangerous offender |  |  |  |  |  |  |
| Arson |  |  |  |  |  |  |
| Accidental fire setting |  |  |  |  |  |  |
| History of rape or sexual assault |  |  |  |  |  |  |
| Discriminatory verbal abuse |  |  |  |  |  |  |
| Discriminatory physical abuse |  |  |  |  |  |  |
| Aggressive or intimidating behaviour |  |  |  |  |  |  |
| Anti-social behaviour |  |  |  |  |  |  |
| Damage to property |  |  |  |  |  |  |

**Overall Risk Level** Low Medium High

|  |  |  |
| --- | --- | --- |
| Are you aware of any specific behavioral triggers? | Yes/No |  |
| Are you aware of any specific emotional triggers? | Yes/No |  |

Please use the space below to provide any information that you consider to be relevant that has not been included in this form.

|  |
| --- |
|  |