

HOMES FOR VETERANS

SUPPORTING HOMELESS VETERANS

Application Form

Please complete this application form in as much detail as possible and ensure you provide up to date contact details.

To be eligible for Alabaré Homes for Veterans, you must:

1. Currently be homeless or at risk of becoming homeless
2. Be willing to work with support staff towards becoming more independent and obtaining accommodation which is suitable for your needs
3. Be willing and able to pay towards your accommodation costs
4. Be a veteran* of the British Armed Forces

* A Veteran is defined as anyone who has served in the Armed Forces for at least one day. This service can be in the Regular Armed Forces or the Reserve. The term can also apply, under certain circumstances to Merchant Seafarers or fisherman as well as Citizens of our United Kingdom, currently stationed overseas in Service establishments or who have supported in conflict situations, and having the status of being part of the Armed Forces at the time. Those who fall under these categories will be assessed for eligibility on an individual basis.

If you need help completing this form please contact Alabaré, Riverside House, 2 Watt Road, Salisbury, Wiltshire. SP2 7UD or email veterans@alabare.co.uk

Opening times: Monday - Friday, 9am - 5pm

Data Protection Act

We are subject to the Access of Record Act 1987 and the Data Protection Act 1984 regarding computerised record keeping. We are required to disclose information held about a client should they request it unless limited exemption apply including: Disclosure may carry a serious risk of harm to the individual or others. Release of information could prejudice the prevention or detection of a crime

Homes for Veterans Application

About you

| | | |
|---|-----------------------------|-----------------|
| Full Name: | | Date of Birth: |
| Title: Mr / Mrs / Miss / Miss / Other (please state): | National Insurance Number : | Service Number: |
| Nationality: | Country of Birth: | |
| Current Address: | Contact Telephone Number: | |
| | Email: | |

Referral details

Where did you hear about us?

| Were you referred to us by another service? (if 'Yes', please complete below) | Yes / No |
|---|---------------------------|
| Referrer Name: | Organisation/agency: |
| Referrer Address | |
| | Role/position: |
| | Contact Telephone Number: |
| | Email: |

Locations

Which area are you interested in applying to? (Please tick at least one option)

- | | |
|--|---|
| <input type="checkbox"/> Bristol Homes for Veterans | <input type="checkbox"/> Hampshire Homes for Veterans |
| <input type="checkbox"/> Dorset Homes for Veterans | <input type="checkbox"/> Plymouth Homes for Veterans |
| <input type="checkbox"/> Gloucestershire Homes for Veterans | <input type="checkbox"/> Wiltshire Homes for Veterans |
| <input type="checkbox"/> Cardiff Homes for Veterans | <input type="checkbox"/> North Wales Homes for Veterans |
| <input type="checkbox"/> South East Wales Homes for Veterans | <input type="checkbox"/> Wrexham Homes for Veterans |
| <input type="checkbox"/> South West Wales Homes for Veterans | |

Service

| | |
|---|----------|
| Have you ever been a member of the Armed Forces? | Yes / No |
| Join Date: | |
| Leave Date: | |
| Reason for Leaving? | |
| Conduct on Leaving? | |
| Regiment/Ship/Base/Trade? | |
| Are you considered Wounded, Injured or Sick as a result of serving in the Armed Forces? | Yes / No |
| If Yes, Please provide details : | |
| | |
| Do you have written confirmation of this from a medical professional ? | Yes / No |

| Which Service/s (Please tick applicable) | |
|---|--------------------------|
| Army | <input type="checkbox"/> |
| Royal Air Force | <input type="checkbox"/> |
| Royal Navy | <input type="checkbox"/> |
| Royal Marines | <input type="checkbox"/> |
| Royal Fleet Auxiliary | <input type="checkbox"/> |
| Reserves | <input type="checkbox"/> |
| Other (Please state) | <input type="checkbox"/> |
| | |

Housing

| | | | |
|--|----------|--|----------|
| Are you currently homeless or at risk of homelessness? | Yes / No | Do you hold a tenancy or licence at any other address? | Yes / No |
|--|----------|--|----------|

Please explain why you are currently homeless or require housing support:

Money

What is your current source of income?

When is your next pay date?

Are you able to access benefits in the UK? Yes / No

How much do you usually receive?

Please list any benefits you are currently receiving or waiting for a decision on:

How often are you paid?

Do you have any debts?

Yes / No

If yes, approximately how much?

Do you need support to manage this debt?

Yes / No

Employment & Training

Are you currently taking part in Education, Training or Volunteering? Yes / No
(Please give details)

Are you currently employed? Yes / No

Employer:

Job Role:

Is this permanent / temporary?

Would you like support to improve your numeracy?

Yes / No

Would you like support to improve your literacy ?

Yes / No

Would you like support to access training/ education

Yes / No

Would you like support to access employment?

Yes / No

Would you like support to access volunteering or work experience opportunities?

Yes / No

Offending

Do you have any convictions? Yes / No
(please give details)

Are you subject to any of the following?

Bail

Community Order

Post Release Supervision

Probation Order, licence or tag

Do you have any pending court cases?

Yes / No

Health

| | | | |
|--|------------|--------------------------------------|-----------------------|
| Do you have any physical health needs? | Yes / No | Do you have any mental health needs? | Yes / No |
| If yes, please give details: | | If yes, please give details: | |
| Are you currently taking medication for your physical health or mental health needs? | | | Yes / No |
| Do you have any mobility issues? Yes / No If yes, please give details: | | | |
| Do you consider yourself to have a disability? Yes / No If yes, please give details: | | | |
| Do you drink Alcohol? | Currently? | Yes / No | In the past? Yes / No |
| Do you misuse any prescribed drugs? | Currently? | Yes / No | In the past? Yes / No |
| Do you use non-prescribed drugs, solvents or "legal highs"? | Currently? | Yes / No | In the past? Yes / No |
| If you have answered 'Yes' to any of the above, do you or anyone else see this as a problem? Yes / No (Please give details) | | | |
| Have you experienced any other issues with addiction? E.g. gambling, pornography Yes / No (Please give details) | | | |

Application

It is extremely difficult to house share with complete strangers so can you tell us how you think you would cope/have previously coped, what difficulties you foresee and what support you may require:

| | |
|---|----------|
| Have you previously applied or resided in any Alabaré properties – if yes, please provide dates of residence, name/s of project/s and reason/s for leaving: | Yes / No |
|---|----------|

| | |
|---|----------|
| Are you related to any member of Alabaré Christian Care & Support staff or any committee member (paid or unpaid)? | Yes / No |
|---|----------|

If yes, please give details:

Declaration

The answers I have written on this form are true to the best of my knowledge. I understand that Alabaré Christian Care and Support reserves the right to terminate my licence to occupy any accommodation and withdraw support which has been obtained by deliberately providing false information or withholding essential information.

I hereby give permission for relevant information to be given to Alabaré Christian Care and Support in respect of my application and for information to be shared with; agencies mentioned in this application, agencies in relation to checking my eligibility and the funders of the projects I have applied to.

By signing this application, I understand that Alabaré may apply for funding from external agencies, regimental associations and benevolent funds towards the costs of support provided to me and that this may affect my ability to apply for funding in the future.

Applicant's signature Date/...../.....

Referring Agency Only:

Was this form completed with your client? Yes / No

Has a risk assessment been attached? Yes / No

To enable us to build a realistic interview plan, please attach copies of the most recent professional reports such as psychiatric evaluation/PSR/pre release report, care plan etc.

Referrer's signature Date/...../.....

Please email this completed form to veterans@alabare.co.uk or post to Alabaré Homes for Veterans, Riverside House, 2 Watt Road, Salisbury SP2 7UD

This information is used for monitoring purposes only and will not affect the service you receive from Alabaré Homes for Veterans

How would you identify your gender (Please tick)

| | | | |
|-------------|--------------------------|---------|--------------------------|
| Male | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Refused | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> | | |

How would you describe your ethnic background? (Please tick)

| | | | |
|-------------------------------|--------------------------|---------------------------------------|--------------------------|
| White | | Black or Black British | |
| British | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Asian or Asian British | | Mixed | |
| Indian | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | White and Black Asian | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Gypsy, Romany, Irish Traveller | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Refused | <input type="checkbox"/> |

How would you identify your sexual orientation? (Please tick)

| | | | |
|-------------------------|--------------------------|---------------------|--------------------------|
| Heterosexual / Straight | <input type="checkbox"/> | Gay Woman / Lesbian | <input type="checkbox"/> |
| Gay Man | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Refused | <input type="checkbox"/> |

Do you consider yourself to have any disabilities? (Please tick)

| | | | |
|--|--------------------------|--------------------|--------------------------|
| Mobility | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> |
| Learning Difficulty | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Progressive disability/ chronic illness | <input type="checkbox"/> | Refused | <input type="checkbox"/> |

How would you describe your religion? (Please tick)

| | | | |
|-------------------------------|--------------------------|--------------------|--------------------------|
| None | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Christian (all denominations) | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Any other religion | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Refused | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | | |