


Please attach a regular sized photograph of yourself to this form


Supported Living Application Form


To complete this form, you should seek input from people that know you well. You could ask your parents, sisters & brothers, friends, key worker, social worker & local service manager.


Please make sure the form is fully completed. Further information may need to be gathered following this application form.


What you need to do now...	
<p>(1) Apply for a place on the local housing list</p> <ul style="list-style-type: none"> • Apply to Galway City Council if you wish to live in the city or Galway County Council if you wish to live outside the city. • When you are applying, you can put the name of the Supported Living Coordinator (Denise Higgins) on the form as the “co-respondent” so that the council will notify Ability West of the status of your housing application. • Indicate that you would consider housing support via the RAS (Rental Accommodation Scheme) 	
<p>(2) Apply for Rent Supplement</p> <ul style="list-style-type: none"> • Department of Social Protection's representative (formerly known as the Community Welfare Officer) or local Citizens Information Service can help you fill in this form 	
<p>(3) Talk to your family, Keyworker, day service and any other key people about Supported Living</p>	

Supported Living is...A safe and decent home of your own, choice, personalised assistance, support from others who care about and respect you' (John O'Brien)

About you	
What is your name?	
What is your address?	
What is your phone number?	
What is your date of birth?	
Where do you live now?	


Support	
Do you have someone in your family (or a friend) who can support you with the process of moving to your own home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what is their name?	
What is their address?	
What is their phone number?	
Who is your Keyworker?	
What is their contact number?	


More about you	
What school/training courses have you completed?	
Do you have a Person Centred Plan? (PCP)	



Your Home				
Who do you live with now?				
Family	Friend(s)	Alone	Other residents	Someone else - Who?
What kind of place do you live in at the moment?				
Family Home	Own Apartment	Hostel	Group Home	Somewhere else. Where?
If you're living with someone else, what would they think about you moving into your own home?				
Have you ever lived alone?		Yes	No	
If yes, did you have any support?		Yes	No	


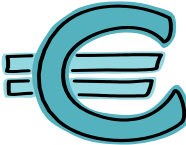

If you had support, what was the support required for?		
Have you ever lived in a group home or hostel?	Yes	No
If yes, which one?		
If you have lived in a group home when was this?		


How soon could you move in to your own home?		
Does it matter what floor your apartment is on if you moved in to an apartment building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please tell us what you need and why.		
What area would you like to live in? <i>(the city, county, near home, please state as many options as you wish)</i>		

About your day	
What do you do during the day?	
What do you do in the evenings and in your spare time?	

Your Health		
Do you have a disability?	Yes	No
If yes please tell us about it		
Do you have a health problem?	Yes	No
If yes please tell us about it		
Do you take medication?	Yes	No
If yes, do you need support with your medication?	Yes	No
If you do need support – what do you need?		
If yes who?		
Do you have any issues with your mental health?	Yes	No
If yes please tell us about it		

<p>More questions about you</p>		
<p>If you are angry or sad what do you do?</p>		
<p>If you move to your own home will you be able to stay in touch with your family & friends?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, how will you stay in touch?</p>		
<p>Cooking and eating</p>		
<p>Can you make yourself a hot drink (like tea or coffee)?</p>	<p>Yes</p>	<p>No</p>
<p>Can you make snacks (like sandwiches, sausages, beans on toast, or tinned soup)?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, what snacks do you often make?</p>		
<p>Can you make meals using meat and vegetables?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, what do you often cook?</p>		
<p>How many times in a week do you cook for yourself?</p>		
<p>If you don't cook where do you get your meals?</p>		

<p>Looking after yourself and your home</p>		
<p>Can you do housework? (washing up, hoovering, cleaning)</p>	<p>Yes</p>	<p>No</p>
<p>If yes, what jobs do you often do?</p>		
<p>How do you wash your clothes?</p>		
<p>Do you need any assistance with personal care? (such as showering, dressing)</p>		
<p>Money</p>		
<p>Can you budget for the things you need like bills and food?</p>	<p>Yes</p>	<p>No</p>
<p>Have you had problems with money before and have you got into debt?</p>	<p>Yes</p>	<p>No</p>
<p>If you get Disability Allowance, do you manage it yourself?</p>	<p>Yes</p>	<p>No</p>
<p>Do you have a Laser card?</p>	<p>Yes</p>	<p>No</p>
<p>Do you have support to set up standing orders & direct debits to pay your rent and bills?</p>	<p>Yes</p>	<p>No</p>
<p>If yes – who will help you with this?</p>		
<p>What assistance will you require with budgeting?</p>		

<p>Living in your own place?</p>		
<p>Living in your own place can be good. Sometimes it can be difficult as well. Have you thought seriously about what it would be like?</p>		
<p>What do you think the <u>good</u> things might be?</p>		
<p>What do you think the <u>bad</u> things might be?</p>		
<p>Would you like to live on your own or Share your home with a friend or housemate or a family member?</p>		
<p>To live in your own home, you will need to:</p> <ul style="list-style-type: none"> • be willing to act as a good neighbour / housemate • pay your rent & bills on time • look after your home • engage with volunteers & support staff (when you require them) • keep in touch with family & friends 		
<p>Would you be willing to do all of these things?</p>	<p>Yes</p>	<p>No</p>

Please read the next part, make sure you understand it, then sign your name;

I understand that I might not be able to get my own place straight away because:

- a lot of people are ahead of me on the housing list or
- my support team might decide it wouldn't be right for me or
- it may take time to get supports organised

I understand that I can only be supported to move to my own home if I am willing to let volunteers, support workers, friends and family support me.

- I hereby accept and understand that Ability West will hold personal information which is necessary for the purposes of the Supported Living Application only, as provided for in the Data Protection Acts 1988 and 2003 and Freedom of Information Act 1997.
- I agree that my contact details can be used for these purposes.
- I have read and understood this declaration.

Signed

Date

Now you've finished...

Thank you for taking the time to complete this form
Well done 😊

*Please note that this application form does not guarantee a Supported Living service
Return to the Supported Living Coordinator, Ability West, Blackrock House, Galway*