



## HOUSING APPLICATION FOR THE CORK FOYER

Please complete and return your application form, with a referral form, if applicable, to the Foyer Manager, Cork Foyer, Assumption Road, Blackpool, Cork. Please mark strictly private and confidential.

**THIS APPLICATION CANNOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF YOU DO NOT PROVIDE A PPS NUMBER AND PROOF OF BENEFITS/INCOME**

If you require any assistance in completing this application please do not hesitate to contact a member of staff.

### PERSONAL DETAILS

Today's Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name      \_\_\_\_\_

Date of Birth      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Age      \_\_\_\_\_ Years      \_\_\_\_\_ Months

Personal Public Service Number      

--	--	--	--	--	--	--	--

Current Address


How long have you lived at this address?      \_\_\_\_\_ Years      \_\_\_\_\_ Months

Contact Telephone Number      

--

Is it OK to contact you:      At the above address?    Yes     No   
On the above number?    Yes     No

Please provide alternative contact details If you cannot be contacted at the above address or number

Name of Person to contact:
Address:
Tel:

# HOUSING INFORMATION

Do you have the name and address of a next of kin or relation that we can contact?

Name:
Relationship:
Address:
Tel:

Are you:

- |  |   |
|--|---|
| <input type="checkbox"/> Living with parents/guardians | <input type="checkbox"/> Hostel/Housing Association |
| <input type="checkbox"/> Bed & Breakfast               | <input type="checkbox"/> Sleeping rough             |
| <input type="checkbox"/> Private rented                | <input type="checkbox"/> Living with friends        |
| <input type="checkbox"/> Council Property              | <input type="checkbox"/> Care/Support Home          |
| <input type="checkbox"/> Living with other family      | <input type="checkbox"/> Other: _____               |

Explain briefly why you want to leave:


Please give your 2 previous addresses

Address:	Date left:
	Reason for leaving:

Have you lived on your own before?    Yes     No

If so, how well did you cope?


## INCOME AND EXPENDITURE

Details of your finances will help us to know whether you will be entitled to Welfare Benefit or other benefits if you move into the Foyer. We also need to know what kind of help you might need in budgeting.

Please list details of your weekly income, including any benefits that you claim i.e. Unemployment Benefit/Assistance, Disability Allowance, Invalidity Allowance etc. If you are employed please provide details of wages:

Income Details	Amount
Total	€

Are your benefits paid?      Weekly       Other       Please state

Have you ever had your benefits stopped?      Yes       No   
If yes, please provide details


Please include details of any expenditure that you currently have including rent, loans, debts or regular expenses you are repaying, including previous landlords:

Expenditure Details	Amount
Total	€

Does anyone pay your rent on your behalf i.e. Health Service Executive      Yes       No   
If yes, who?

Name of Social Worker:
Address:

## PERSONAL DEVELOPMENT

Are you currently?

- |  |  |
|--|--|
| <input type="checkbox"/> Working full time               | <input type="checkbox"/> Volunteering  |
| <input type="checkbox"/> Working part time               | <input type="checkbox"/> At college  |
| <input type="checkbox"/> Attending a training/FÁS scheme | <input type="checkbox"/> Looking for work or training:<br>(& receiving social community/welfare benefit) |

Please provide details:


At what age did you leave school and do you have any achievements that you would like to tell us about at school or since leaving school?

Age left school:

Do you consider yourself to have a learning disability?      Yes  No   
 Do you need any help with numeracy or literacy?            Yes  No

What kind of training would you be interested in while living? (*Leaving Certificate, ECDL Qualification, Budgeting skills, how to cook, how to save money, etc*)


Please list details of any work, work experience or work training schemes that you have had in the past – including casual or voluntary work. Please give dates.

<u>Employer</u>	<u>Position Held</u>	<u>Length of Employment</u>

What kinds of work are you interested in doing?


Please give details of any hobbies or interests you have:


Have you recently seen a careers advisor?                      Yes  No   
If yes please give details:

How long ago?
Can you remember where and who with?

### WELLBEING/GENERAL SUPPORT

Understanding your physical and mental health needs will make it easier for us to decide what support and adaptations you might need if you were to live at the Foyer.

Please give details of any disability, medical condition or special needs that you have:


Are you registered disabled?    Yes  No   
Do you use a wheelchair?    Yes  No   
Do you have difficulties climbing stairs?                                      Yes  No

Please tell us briefly about any trauma or disruption you may have experienced in your life that you feel is still affecting you (for example relationship breakdown, victim of bullying, victim of a crime or being the survivor of sexual abuse - continue on a separate sheet if necessary).


## WELL BEING/GENERAL SUPPORT CONTINUED

Have you in the past or do you currently suffer from any form of mental illness, including depression and self-harming? Yes  No

If yes, please provide details:


Have you ever had problems because of drug or alcohol use, or violent behavior? Yes  No

If yes, please provide details:


Are you currently registered with a GP? Yes  No

Do you have a Medical Card? Yes  No

Details:


Apart from your GP, is anyone else involved in providing care and support with any medical condition or disability (e.g. Community Psychiatric Nurse, Home Help, Social Worker, etc.)? Give details below:


Do you have any cultural needs that the Foyer staff need to be aware of? Please provide details:


Which of the following areas do you think you may need some help with?

- Cooking
- Personal Hygiene
- Cleaning
- Filling in Forms
- Budgeting
- Sharing with others

<u>What Motivates you?</u>	<u>What is your ambition?</u>	<u>Do you have any commitments?</u>

What is your greatest personal achievement to date?

*(A personal achievement can be anything from winning a race, gaining a qualification, giving up a substance, or learning something new – anything you feel proud of achieving).*


Please note: Shortly after you settle into the Foyer, you will be asked to complete an Independent Living Skills Assessment with your Project Worker. This will allow us to identify any skills that you may need to develop before leaving the Foyer

## PERSONAL HISTORY – OFFENDING

It is essential that this section be completed fully. The Information provided will be used as part of an assessment, and you will have an opportunity to add to this information at your interview. The assessment will give us the opportunity to decide whether or not something is still a relevant factor in your life, and if so, whether it can be managed safely if you were to live at a Foyer.

Have you ever been in trouble with the Garda or convicted of a criminal offence?

Yes  No

If "Yes", please give details of all offences and dates:


Give details of any current probation or other kind of community order. Include any current or previous bail conditions:


Please give name and address of your Probation Officer. We will need to contact them for referral information:

Name:
Address
Tel no

Do you have any outstanding charges or court appearances, and fines. If so, for what?




## REFEREES

We need to contact somebody independent who can give us an opinion of you. It is best to put down somebody who has known you through work, training or school, if possible.

Please provide 2 referees who have known you for at least 12 months **if possible**, such as an **employer** or **teacher**. References can also be supplied from Social Workers, Youth Workers, Probation Officers and other professional agencies. If you have difficulty finding referees, we will accept references from family members or close friends.

Referee 1 Name, Address & Tel No

Referee 2 Name, Address & Tel No

Is there any agency or individual that you do not wish the Foyer to contact and why?

**Declaration: Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that applications will only be accepted when it has been signed.**

- Collection and use of data.** The Foyer will use the data which you have supplied to assess and administer your application to live at the Foyer. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The Foyer may also process this data for research purposes including in forward planning in the assessment of housing needs in conjunction with the Department of Environment, Heritage & Local Government and Foyer Federation.
- The Foyer may, for the purpose of its functions under the Housing Act 1966 to 1998, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, the Department for Social & Family Affairs, a Health Service Executive or a Voluntary Housing Body approved for the purposes of section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti social behaviour.
- In order to verify information given, I understand that the Foyer will need to contact referees, agencies and or individuals specified on my application form. In addition, I understand that the Foyer encourages referral agents to maintain involvement with the applicant, where appropriate, and to attend licence review meetings to monitor my development.
- Compliance with the House Rules is essential for a successful scheme. You should clearly understand the House Rules for the Foyer and be willing to live within the restrictions of the house rules before you consider accepting any offer of a place.
- Declaration:** I declare that the information and particulars given by me on this application are true and correct and I understand that the provision of any false or misleading statements may lead to this application being cancelled or may result in the termination of my licence. The Foyer reserves the right to exclude an applicant from consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you completed this form yourself? Yes  No

If no, please provide the name of the person who has completed the application and their relationship with you?

Name: _____
Relationship _____

Are you under 18 years old? Yes  No

If yes, have you informed your parents/guardian of this application? Yes  No

### EQUAL OPPORTUNITIES MONITORING FORM

The Foyer operates policies designed to ensure that all applicants receive equal treatment, regardless of their ethnic origin, sex or physical disability. To enable the Foyer to monitor whether its policy is fully carried out, will you please provide the following information. This information will NOT affect your application, and if you would prefer not to answer the questions, this view will be respected.

How would you describe your ethnic origin?

- |   |  |
|---|--|
| <input type="checkbox"/> White Irish                    | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> White British                  | <input type="checkbox"/> Black Caribbean   |
| <input type="checkbox"/> White Other: _____             | <input type="checkbox"/> Black African     |
| <input type="checkbox"/> Mixed: white & black Caribbean | <input type="checkbox"/> Black Other _____ |
| <input type="checkbox"/> Mixed: white & black African   | <input type="checkbox"/> Chinese           |
| <input type="checkbox"/> Mixed: white & Asian           | <input type="checkbox"/> East European     |
| <input type="checkbox"/> Mixed: Other _____             | <input type="checkbox"/> Other _____       |

Do you consider yourself to have a disability?

Yes  No

Do you use a wheelchair?

Yes  No

Are you: Male  Female

### CITIZENSHIP

What is your citizenship status?

- Irish Citizen
- EU Citizen
- Non EU Citizen

If you are an Non EU Citizen, on what basis are you staying in the country

- Refugee
- Leave to remain in Ireland

If you are not an Irish Citizen, what country were you born in?

\_\_\_\_\_

If you are an Non EU Citizen, when did You first enter Ireland?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Office use only

Name of referring agency: \_\_\_\_\_

Date received:

Date 1<sup>st</sup> interview

Date 2<sup>nd</sup> interview

Date accepted:

Deferred:

Excluded:

**Confidentiality: All information disclosed for the application process will remain strictly confidential. The Foyer Staff will only contact the relevant agencies and individuals specified on your housing application or referral form. We are required to share this information in order to validate the information that you have provided and conduct a thorough needs assessment of your needs.**