

# The Ark Charity Application Form

REFERRING AGENCY-----Date-----

CONTACT-----Tel-----

## **Clients details**

FIRST NAME-----

SURNAME-----M  F

DATE OF BIRTH-----19-----AGE NOW-----

N.I. No-----

MOBILE PHONE-----

CURRENT ADDRESS-----

-----Post Code-----

Next of Kin----- TEL-----

ADDRESS-----

BROTHERS/SISTERS

DO YOU HAVE A BANK ACCOUNT YES  NO

DO YOU HAVE I.D. Passport  Birth Certificate

## **Care history**

PAST/PRESENT

SSD Report available Yes  NO

PHYSICAL CHARACTERISTICS

COLOUR OF HAIR

GLASSES YES  NO

BUILD

SCARS / TATTOOS

HEALTH

DOCTOR-----HEALTH CENTRE-----TEL-----  
-----

SMOKER YES  NO

Do you consider yourself to have any disability Yes  No

If yes, give  
details \_\_\_\_\_

HAVE YOU EVER HAD A SERIOUS ILLNESS OR OPERATION: YES  NO

ARE YOU:

ALLERGIC TO ANYTHING YES  NO

ON ANY MEDICATION AT PRESENT YES  NO

HAVE YOU EVER TAKEN AN OVERDOSE OR CUT YOURSELF DELIBERATELY  
YES  NO

-----  
HAVE YOU USED DRUGS OR SOLVENTS AT ANT TIME YES  NO

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DO YOU DRINK ALCOHOL      NEVER  SOMETIMES  A LOT

**Mental Health**

Have you had any history of mental health problems:

Do you see a GP or have psychiatric support Yes  No

**Work Training Education**

WHICH SCHOOL /COLLEGE / DID YOU GO TO-----

EXAMS TAKEN:

Maths  English Lit  English Lang  Science  History  Drama   
Technology & Design  Geography  Humanities  French  German   
Spanish  Art  Textiles  I.T.

Other \_\_\_\_\_

Do you receive any money for this:

**Salary:** weekly  monthly  £ \_\_\_\_\_

**Income Support** weekly  £ \_\_\_\_\_

**EMA** weekly  £ \_\_\_\_\_

**JSA** Weekly  monthly  £ \_\_\_\_\_

If not how do you support yourself \_\_\_\_\_

Do you have any debts/loans Yes  No

If so how much do you pay back weekly  monthly   
£ \_\_\_\_\_

**Current Accommodation**

What is your current situation \_\_\_\_\_  
\_\_\_\_\_

How long have you lived there \_\_\_\_\_

Type of Accommodation \_\_\_\_\_  
Rent £ \_\_\_\_\_

Are you in rent arrears at your present address Yes  No

How much: £-----

Did you claimed Housing Benefit YES  NO

What led you to become homeless

Current Support

Connexions Personal Advisor  
Advisor Tel:

Personal

Floating Support Worker  
Worker Tel

Floating Support

Are any other agencies currently working with you e.g. Compass: Yes   
No

If Yes please state:

Diet

DO YOU HAVE ANY DIETRY NEEDS SUCH AS –

VEGETARIAN

HALAL

ALLERGIC TO EG; PEANUTS  DAIRY PRODUCTS

Practical skills

CAN YOU –

COOK AT ALL? YES  NO

MANAGE YOUR PERSONAL HYGIENE YES  NO

WASH & IRON YOUR CLOTHES YES  NO

SAVE MONEY! YES  NO

**HAVE YOU EVER BEEN IN TROUBLE WITH THE POLICE**

WHEN:

WHAT FOR

Do you have a criminal record: Yes  No:

If Yes please state:

Have you ever been arrested for arson: Yes  No

Have you ever been violent to anyone Yes  No

Do you have an anger problem Yes  No

Have you ever been offered anger management Yes  No

**Areas you may need help with Tick as many as you want:**

- |                     |                          |                                |                          |
|---------------------|--------------------------|--------------------------------|--------------------------|
| Find work           | <input type="checkbox"/> | Reading & Maths                | <input type="checkbox"/> |
| Find Training       | <input type="checkbox"/> | Alcohol problems               | <input type="checkbox"/> |
| Find a Dentist      | <input type="checkbox"/> | Drug problems                  | <input type="checkbox"/> |
| Find a Doctor       | <input type="checkbox"/> | Domestic Skills                | <input type="checkbox"/> |
| Find School/College | <input type="checkbox"/> | Finding other support services | <input type="checkbox"/> |
| Paying your rent    | <input type="checkbox"/> | Washing & Ironing              | <input type="checkbox"/> |
| Filling in forms    | <input type="checkbox"/> | Personal Care Cooking          | <input type="checkbox"/> |
| Paying Bills        | <input type="checkbox"/> | Help with debt problems        | <input type="checkbox"/> |

Other (please specify) \_\_\_\_\_

Ethnic Origin

Preferred Language

\_\_\_\_\_

\_\_\_\_\_

Religious / Cultural Needs

Do you consider yourself to have any special needs/: Yes  No

If yes please state:

**WHAT DO YOU LIKE TO DO IN YOUR SPARE TIME**

HOW DO YOU MIX WITH OTHERS

OK  SHY  VERY WELL  NOT WELL

WHAT DO YOU WANT TO DO IN THE FUTURE

DO YOU THINK THE ARK WILL BE ABLE TO HELP YOU

OFFICE USE ONLY

DATE OF REFERRAL

INTERVIEWED BY

PLACEMENT OFFERED

YES  NO

PLACEMENT NOT OFFERED REASON

DATE OF ADMISSION

DATE OF LEAVING

ROOM NUMBER

INCOME SUPPORT applied for Yes  No   
JSA

HOUSING BENEFIT  SSD