
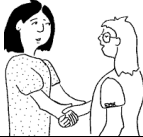







Supported Living Networks


Application Form



About you	
What is your name?	
What is your address?	
What is your phone number?	
What is your date of birth?	
What area do you live in now?	
Which StepIn Network do you want to join?	
Do you have Individual funding and/or support services?	



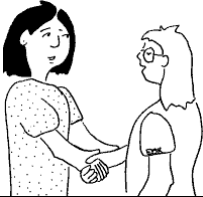
Support		
Do you have someone who can support you to apply for a place in StepIn?		
If yes what is their name?		
What is their address?		
What is their phone number?		
May we call them?	Yes	No
More about you		
What school/training course have you completed?		

Your Home				
Who do you live with now?				
Family	Friend	Alone	Other residents	Someone else. Who?
What kind of place do you live in at the moment?				
Family Home	Own flat	Hostel	Group Home	Somewhere else. Where?
If you're living with someone else, what would they think about you moving into a StepIn Network?				
Have you ever lived alone?	Yes	No		
If yes, did you have any support?	Yes	No		
If you had support what was it with?				
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?				

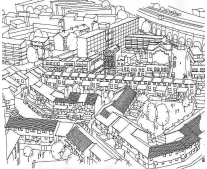
How soon could you move into a StepIn Network?		
Does it matter what floor your apartment is on in a block of apartments?	Yes	No
If yes, please tell us what you need and why.		
About your day		
What do you do during the day?		
What do you do in the evenings and your spare time?		

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?		
Do you have a community nurse or Social Worker?	Yes	No
If yes who?		
Do you have a problem 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 <i>StepIn</i> will you be able to stay in touch with your family or 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 align="center">Looking after yourself and your apartment</p>		
<p>Can you do housework (washing up, hoovering, cleaning, etc)?</p>	<p align="center">Yes</p>	<p align="center">No</p>
<p>If yes, what jobs do you often do?</p>		
<p>How do you wash your clothes?</p>		
<p align="center">Money</p>		
<p>Can you budget for the things you need like bills and food?</p>	<p align="center">Yes</p>	<p align="center">No</p>
<p>Have you had problems with money before and have you got into debt?</p>	<p align="center">Yes</p>	<p align="center">No</p>
<p>If you get Disability Allowance, do you manage it yourself?</p>	<p align="center">Yes</p>	<p align="center">No</p>
<p>Will you require assistance with budgeting?</p>		
<p>What support do you need?</p>		
<p>Can you do shopping on your own for clothes and food?</p>	<p align="center">Yes</p>	<p align="center">No</p>

If no, who helps you?				
Can you use a telephone?		Yes		No
Do you use the buses or trains?		On your own		With friends
If someone leaves you a note can you read it?		Yes	No	With help
Is there anything you think you need to learn to do better?				
Shopping	Cooking	Cleaning	Budgeting	Something else – what?
<p>Tell us why you want to move into a <i>StepIn</i> Network</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				

<p>Living in a Network</p>		
<p>Living on your own 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 good things might be?</p>		
<p>What do you think the bad things might be?</p>		
<p><i>StepIn</i> needs Members to:</p> <ul style="list-style-type: none"> • be willing to act as good neighbours to other Members • take part in the Members' meetings every month • accept support from the Supported Living Volunteer 		
<p>Would you be willing to do all these things?</p>	<p>Yes</p>	<p>No</p>

**Please read the next part, make sure you understand it, then sign the form,
and send it to *StepIn***

I understand that StepIn might not be able to offer me a place in a Network (because StepIn might decide it wouldn't be right for me or because a lot of people want to join).

I understand that I can only join StepIn if I am happy to be a good neighbour to the other StepIn Members. I would help them out.

I understand that I can only join StepIn if I am willing to take part in the Members' meetings every month.

I understand that I can only join StepIn if I am willing to let workers, volunteers, friends and family support me.

Signed

Date

Now you've nearly finished.

When we get the form, someone from *StepIn* will be in touch with you. They will talk to you about your application and find out more about you.

Please send the form to:

***StepIn* Supported Living Coordinator**

4A Millbrook

Bealnamulla

Athlone

Co. Roscommon