

Sonas

a path to a
new future

Application Form

Applicant's Name:

Referred By:

PLEASE COMPLETE THIS FORM TOGETHER WITH YOUR KEYWORKER

All applications are subject to background checks

SONAS HOUSING ASSOCIATION LIMITED

Unit 8 Liberty Corner

Foley Street

Dublin 1

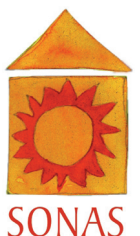
Telephone: 01 8349027

Fax: 01 8349028

Email: info@sonashousing.ie

Web: www.sonashousing.ie

Co.No. 195618. CHY.10872



1: Introduction

- » Please fill in this form in the presence of your keyworker.
- » Please read the form carefully and answer all of the questions.
- » The information which you supply will be treated in the strictest confidence and will not be made available without your permission to anybody other than the person/s referring you.
- » Sonas may need to make contact with any services that you are linked in with before making you an offer of accommodation and support.
- » Supplying false information will result in a disqualification of the application.
- » Please return your completed form to:

Sonas Housing Association
Unit 8 Liberty Corner
Foley Street
Dublin 1
Tel: 01 8349027
Fax: 01 8349028
Email: info@sonashousing.ie
Web: www.sonashousing.ie

Data protection

All information provided on this form and any associate documents will be held on a secure filing system. Details of an applicant's case will not be discussed with any other person, organisation or statutory body without an applicant's full consent. Sonas applicants have a right to see their files at all times.

2: PERSONAL DETAILS

2.1 Name:

2.2 Present address:

2.3 Personal contact no:

2.4 Date of birth:

2.5 PPS No.

2.6 Are you: Single Married Separated Divorced

2.7 Emergency contact - please give the name, address and telephone number of your next of kin and give relationship to them:

2.8 Ethnic origin:

2.9 Spoken languages:

2.10 Please include all children (including adults) whether they are living with you or not.

NAME/SURNAME	DATE OF BIRTH	FATHER'S NAME	PPS NUMBER	Is this child included in application for housing.
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2.11 Do you have children who are not currently living with you? Yes No

If yes, please give details:

3: HISTORY OF RELATIONSHIP

3.1 Please give us the name, date of birth and address of the person from whom you have experienced the abuse that has caused you to become homeless:

3.2 What is their relationship to you?

Partner Ex-partner Husband Ex-husband Friend Other

If other, what is their relationship to you?

--

3.3 Have you suffered the following types of abuse?

Physical Mental Emotional Sexual Other

If other, please specify:

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3.4 Please give a brief history of this relationship to date:

3.5 Are you still in contact with this person? Yes No

If yes, please give full details:

3.6 Do you think this person is/will be a threat to you? Yes No

If yes, please explain:

4: HOUSING DETAILS

4.1 How long have you resided at your present address?

4.2 Is this accommodation: a women's refuge hostel B&B private rented other

If other, please specify:

4.3 Are you a homeowner? Yes No

If yes, are you a joint home-owner? Yes No

If yes, please give details about the nature of the home-owning arrangement:

4.4 Have you ever/do you currently hold a local authority/ housing association tenancy?
Yes No

4.5 Are you currently on a local authority housing/homeless list? Yes No

If yes, which one?

What is your local authority registration number?

4.6 Have you ever been evicted? Yes No

4.7 Have you ever been served with Notice to Quit? Yes No

4.8 Please give contact details for your most recent landlord. Sonas will require a satisfactory housing reference and may request Garda clearance in order to proceed with your application.

Landlord's Name:

Telephone No:

Address:

4.9 Please give us details of your last three addresses:

	Address details	Type of tenancy/ ownership	Dates resided from – to	Rent/ mortgage arrears due?
1				
2				
3				

5: LEGAL INFORMATION

Family law

5.1 Do you have any applications for legal orders before the courts?

Protection Order Barring Order Safety Order

Custody Orders Maintenance Order

If you ticked any of the above boxes, what date is the hearing?

5.2 Do you have current legal orders in place?

Protection Order Barring Order Safety Order

Custody Orders Maintenance Order

5.3 Have you ever taken out applications and/or orders in the past?

Protection Order Barring Order Safety Order

Custody Orders Maintenance Order

If you ticked any of the above boxes, please give full details of outcome:

5.4 Has an order ever been breached? Yes No

If yes, please give full details:

5.5 Have you taken/Are you taking any legal action towards ending your relationship?

Yes No

If yes, is this: Legal separation Divorce Annulment

If yes, please provide full details including court dates:

5.6 Please give the name and address of your solicitor:

Criminal law

5.7 Have you any criminal charges pending? Yes No

If yes, please give full details:

5.8 Do you have a criminal record? Yes No

If yes, please give details of record:

5.9 If you answered yes to either of the above questions was this for a crime against the person?

Yes No

5.10 Do you have an appointed probation officer? Yes No

Name

Telephone Number:

Office Address:

5.11 Does your partner/ the person from whom you suffered abuse have any criminal charges pending or have a criminal record? Yes No

If yes, please give full details:

6: HEALTH ISSUES

Please answer the following questions as fully as possible. The information on this form is confidential and will not be passed on to any other agency

6.1 Please give the name and address of your family doctor:

6.2 Do you have any diagnosed medical condition? Yes No

6.3 Do you or any of your children have any disability? Yes No

If no, please go directly to question 6.6

6.4 If yes, please explain the nature of the disability

6.5 Do you need any special housing provisions to accommodate you or your child's disability?

Yes No

If yes, please explain what housing provisions you need

6.6 Are you currently taking medication? Yes No

6: HEALTH ISSUES continued

If yes, what medication?

For what reason?

How long have you been taking it?

6.7 Have you ever experienced depression/anxiety? Yes No

6.8 Have you ever self-harmed? Yes No

6.9 Have you ever attempted suicide? Yes No

6.10 If you answered yes to either 6.8 or 6.9, how recent was the last incident?

Please give more details

6.11 Are you currently / ever have been / linked with any Community/Residential /Mental Health Service?
Yes No

If yes, please give full details:

6.12 Please give names and details of any other professionals you are seeing:

Title of professional	Reason for contact	Name of professional / organisation	Contact details

7: ADDICTION ISSUES

7.1 Have you ever had/do you currently have a problem with alcohol? Yes No

If yes, please give full details:

7.2 Have you ever had/do you currently have a problem with drugs (either illegal or prescription)?
Yes No

If yes, please give full details:

7.3 Are you having or have you ever had treatment for dependency on drugs or alcohol? Yes No

If yes, please give details of any treatment programmes undertaken including dates:

7.4 If this is a Methadone maintenance programme please state:

How long have you been in treatment?

8 How much Methadone is prescribed for you daily?

8: CHILDREN'S SUPPORT

8.1 For each child under 18 please let us know the following:

Child's Name	Current custody/ guardianship situation	Does the child have regular access visits with their father/you? Please give full details.	Is this contact by court order?

8.2 Do your children have or have they ever had special needs? Yes No

If yes, please give full details:

8.3 Are you or your child/children having/ever had any contact with a Social Worker/any other childcare professionals? Yes No

If yes, please give details:

8.4 Is there a Social Worker currently assigned to the family? Yes No

If yes, please fill out the following:

Name of Social Worker:	Area:
Address:	
Telephone Number:	Date of first contact:
Present situation:	
What is the level of contact?	

8.5 Please give details of any other professionals your children are seeing

Child's name	Title of professional	Reason for contact	Name of professional /organisation	Contact details

8.6 What do you think will help us to support your children moving to and living in Sonas Housing?

9: SUPPORT NEEDS

9.1 What areas of support do you need from Sonas (if any)?

<input type="checkbox"/> Support with safety issues	<input type="checkbox"/> Information on local activities or social groups
<input type="checkbox"/> Support to make life changes	<input type="checkbox"/> Information on counselling options
<input type="checkbox"/> Support with personal organisation and/or housekeeping skills	<input type="checkbox"/> Support with budgeting and managing money
<input type="checkbox"/> Talking to someone who understands situation	<input type="checkbox"/> Support getting safe and adequate housing
<input type="checkbox"/> Learning more about why/how domestic violence happens	<input type="checkbox"/> Support with legal orders (barring, safety or protection order)
<input type="checkbox"/> Someone to go with me to court	<input type="checkbox"/> Information about the legal system process
<input type="checkbox"/> Information about my legal rights and options	<input type="checkbox"/> Information about social welfare benefits and entitlements
<input type="checkbox"/> Support with court case against the person who abused me	<input type="checkbox"/> Support getting access to mental health services
<input type="checkbox"/> Support getting access to healthcare	<input type="checkbox"/> Support meeting my (or my child's) needs in relation to a disability
<input type="checkbox"/> Support getting access to substance abuse services	<input type="checkbox"/> Independent living skills
<input type="checkbox"/> Help getting support from my religious community	<input type="checkbox"/> Support understanding my rights and options related to my residency status
<input type="checkbox"/> Support dealing with sexual abuse services for me or my children	<input type="checkbox"/> Support getting residency status
<input type="checkbox"/> Other. Please give details:	<input type="checkbox"/> Don't need any support at this time

9.2 What areas of support do you need from Sonas in relation to your child/children?

<input type="checkbox"/> Support with safe visitation for my children	<input type="checkbox"/> Support getting child maintenance
<input type="checkbox"/> Support with my children's school	<input type="checkbox"/> Support with custody issues
<input type="checkbox"/> Other. Please give details:	<input type="checkbox"/> Don't need any support at this time

10: YOUR PREFERRED AREAS

Sonas has six transitional housing locations. Please number in order of preference (1 being the preferred area and 6 the least) which complex you would like to live in*:

Ballymun Clondalkin Killester Ringsend Stepside Tallaght

*The accommodation you will be allocated if successful is dependent on vacancies; however, we will do our best to ensure you get the most suitable location for you.

