

Partnership Pathway Application Form

Section A (to be completed by the applicant)

Client Information

Name:

Date of birth:

Address:

Telephone: Email:

Are you able to sign your own tenancy agreement? Yes: No:

If No, who is your appointed Delegate?

Reason for applying:

Income details

Gross weekly:

£

Savings:

£

Gross monthly:

£

Are you in receipt of Income Support?
If yes, how much do you receive:

£

Are you in receipt of LTIA?

If yes, how much do you receive:

£

Medical Information

Do you have any medical, social or communication
difficulties that you feel we need to know about?

Yes:

No:

If Yes, please
provide details:

What size property do you require?

Do you have a notice period on
your current accommodation?

Yes:

No:

Do you or any household members have any criminal convictions?

Yes: No:

If Yes, please provide details:

Documents the client will need to submit/upload

- Copy of photo ID
- Copy of registration card
- 3 months bank statements for all accounts held
- 3 months pay slips or a letter from your employer confirming your annual salary
- If you are in receipt of benefits confirmation of your benefit entitlement (Income Support, Long Term Incapacity Allowance)
- Any medical information relevant to your application

Section B (to be completed by the professional supporting the application)

Referring Agency

Name:

Agency:

Contact details

Telephone: Email:

Please explain why the client is applying for accommodation:

What support is in place to ensure the client's tenancy is successful?
Does the client have the necessary independent living skills? Please
detail the type, frequency, and nature of the support being provided.

Is your client involved with any other agencies? Yes: No:
If yes, please include contact details for this individual.

If your client will be supported in the community by a care provider, please state
who will be the point of contact and how often the client will be receiving support.

Are there any physical, social or communication issues that we need to be aware of?

Has an Occupational Therapy assessment been completed?

Yes: No: *If Yes, please submit/upload.*

If any additional bedroom are required for support staff, please submit confirmation of how the additional bedroom will be funded:

Client will be funding Confirmation from Income Support

Risks

Please detail any perceived or confirmed risks. This should include vulnerability, risk of non-compliance, violence, or offences of a sexual nature. What support will be offered to mitigate the risks identified:

Client signature: Date:

Referrer signature: Date:

Declaration

I declare that the information given in this application form is to the best of my knowledge accurate.

I authorize Andium Homes to make the necessary enquires in order to verify the information provided.

I understand that in order to process my application, Andium Homes may share my personal data with relevant Government of Jersey Departments.

I understand that giving false information or failing to notify of any changes in my financial or family circumstances, which could affect my application, may render me liable to prosecution or cause my application to be cancelled or an offer of accommodation withdrawn.

For more information on how Andium Homes process your data, please visit our website: [Privacy-Notice-Updated-Aug-2020-20200827.pdf](https://www.andiumhomes.ie/Privacy-Notice-Updated-Aug-2020-20200827.pdf) ([andiumhomes.ie](https://www.andiumhomes.ie))

I agree