



Hebron House : residential care for women with drug and alcohol addiction

# Application Form

**Confidential**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

National Insurance Number \_\_\_\_\_

**PLEASE SIGN THIS AUTHORITY FOR RELEASE OF INFORMATION TO ENABLE THIS APPLICATION TO PROCEED**

- I hereby give my permission for all care professionals with whom I have been involved, to release to Hebron Trust any relevant information which may be required for the purpose of considering my application.
- Hebron Trust may release to the local GP surgery such details as will be required for my future medical care.

Organisation	Name and Address	Telephone Number	Initial and date if consent is given to share information
Drug / Alcohol Team			
Social Worker			
GP			
Psychiatrist			
Other Relevant			

Name of individual filling in this form \_\_\_\_\_

Signature of individual filling in this form \_\_\_\_\_

How much are you using and how often?

Daily  Almost daily  Less frequently

Route of administration:

Oral  Inhale  Smoke  Inject  Other

Have you ever been detoxed from your drug of choice?  Yes  No If yes, please explain

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### Section A - Drug / Alcohol History

For how long have you been using either drugs or alcohol?

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What are your primary drugs of choice (including alcohol) at present? List in order of importance

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What is the longest period you have been abstinent? \_\_\_\_\_

List all other drugs (including prescribed drugs) you are taking

Drug/Medication	Average daily amounts

Are you currently Employed  Unemployed  Student  Fulltime home maker

What are your interests and hobbies?

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Please tell us of any other compulsive behaviours (eg eating disorders, self harm, OCD, etc)

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Are you: Single  Married  Separated  Divorced  Engaged  Other

Do you have any children? Yes  No  If yes, please give their names and dates of birth

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Do you have a partner?  Yes  No

Are they supportive of you going to rehab and getting into recovery? Yes  No

Please describe your relationship with your family and tell us briefly about your present situation and circumstances and that of your children, if you have any. Continue on another page if necessary

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Have you ever been either the victim or the perpetrator of violence? Yes  No

If yes, please explain

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Do you experience difficulties in managing angry feelings or behaviour? Please explain

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Do you have previous experience of residential treatment? Yes  No  If yes, please explain

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Please write, in your own words, why you want to stop using drugs / alcohol

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In what ways do you want to change?

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Please tell us about any short or long term goals you have:

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At Hebron Trust, our recovery programme explores spirituality based on Christian principles. How do you feel about this?

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### Section B - Accommodation

What are your current accommodation arrangements?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tenancy: council    | <input type="checkbox"/> Parents / Relatives | <input type="checkbox"/> Temporary hostel      |
| <input type="checkbox"/> Private rented      | <input type="checkbox"/> Friends             | <input type="checkbox"/> Prison                |
| <input type="checkbox"/> Ownership           | <input type="checkbox"/> Lodgings            | <input type="checkbox"/> Bail/Probation hostel |
| <input type="checkbox"/> Housing Association | <input type="checkbox"/> Bed & Breakfast     | <input type="checkbox"/> Other                 |

If other, please specify \_\_\_\_\_

Do you have funds for a deposit for privately rent accommodation if relocation is required?

Yes  No

## Section C - Finances

### Income

Are you in receipt of any of the following benefits? Please tick all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Job Seekers Allowance (JSA)<br><input type="checkbox"/> Employment Seekers Allowance (ESA)<br><input type="checkbox"/> Incapacity Benefit (IB)<br><input type="checkbox"/> Income Support (IS)<br><input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Disability Living Allowance<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Housing Benefit |
|--|--|

If you have ticked any of the above boxes

How often is the benefit paid?	
When do you get paid? (Monday? 1 <sup>st</sup> of every month?)	
How much do you receive?	
How is the benefit paid? (Bank? PO account?)	
Are there any deductions being made from your benefit if so - which benefit and how much?	

If in employment what are your employer's contact details?	Do you need support and information to claim benefits?
If earning how are your wages paid and what is the amount after deductions for tax and NI?  <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly    Amount £	Do you need help and support to get paid work?

### Debts

Do you have any outstanding debts?    Yes     No     If yes please specify below

Rent arrears £	Credit card £	Mortgage arrears £
Utilities £	Unpaid loans £	Social fund £
Overdraft £	Court fines £	Other £

Do you have any arrangements to repay these?    Yes     No

If yes please detail amounts, how often paid, and to whom:

Amounts	When paid	To whom

Do you need help managing these debts? Yes  No

### Section D - Legal Aspects

Please list any previous convictions or pending court cases you may have

Previous convictions	Pending court case

Have you had a Community Care Assessment yet? Yes  No  Please give details

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Enclosed with this application form are details of our structure of care. Will you accept our house rules and take part in the therapeutic community? Yes  No

Our programme is based on the traditional Twelve Steps philosophy within a therapeutic community **for women only.**

We offer an emotionally and physically safe residential environment for women, within which you can risk change and begin to take responsibility for your life again. Our programme has a high staff to resident ratio, based on frequent and regular one-to-one counselling and group work.

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**Please sign your name below and return the form to us at the address below.**

**I confirm that the above statements and all information given in this application are true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hebron Trust, 10-12 Stanley Avenue, Norwich NR7 0BE  
 Tel 01603 439905 Fax 01603 700799 Email [rebecca.watts@hebrontrust.org.uk](mailto:rebecca.watts@hebrontrust.org.uk)

### **Consent to Share Information**

Prior to you being offered a place at Hebron House, we will contact your GP and other health professionals to request supporting information for your application.

Please complete, sign and return the consent form below:

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### **Letter of Authority**

I agree that Hebron Trust can contact my GP surgery and other health professionals to request supporting information.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Equal Opportunities Monitoring Form

The information you give will be treated as strictly confidential and will be used only for Equal Opportunities Monitoring purposes. This form will be separated from your application form and will not affect your admission into Hebron House.

Full name: _____	
Date of birth: _____	Age: _____
Gender:	Female <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>
Do you have a disability or long term illness:	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your ethnic origin?	
<b>White:</b>	<b>Asian or Asian British:</b>
British <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Chinese <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
<b>Mixed:</b>	<b>Black or Black British:</b>
White and Black Caribbean <input type="checkbox"/>	Caribbean <input type="checkbox"/>
White and Black African <input type="checkbox"/>	African <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Any other Black <input type="checkbox"/>
Any other mixed background <input type="checkbox"/>	
Other Ethnic group (please state): _____	
Please give details of any specific needs relating to your culture or religion (e.g. diet or worship):	
_____	
_____	