



# Recovery Housing Application Form

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 0300 365 4040

 [Info@ChrysalisHousing.co.uk](mailto:Info@ChrysalisHousing.co.uk)

 3 Brook Office Park, Emersons Green, Bristol  
BS16 7FL

## Introduction

This application refers to Chrysalis's abstinence-based specialised support service which provides high quality, safe accommodation and medium-to-low structured support for people recovering from problem substance use and/or dependency.

Our Structured Therapeutic Addiction Recovery Support (STARS) Program is primarily aimed at people are looking to build recovery capital having completed an intensive Residential or Community treatment program. Residents in this scheme are committed to an abstinence-based lifestyle and might otherwise be at risk of relapse and/or homelessness.

Chrysalis believe that living in a safe and supportive recovery community can help individuals work towards developing healthy relationships, structure and self-discipline. By residing in a change-focused setting, individuals can work at a realistic pace toward positive self-directed goals and aspirations.

Our code of conduct sets high behavioural standards for the safety of the individual and our recovery community. These are non-negotiable and you will be expected to meet these standards in order to receive ongoing support and accommodation with us.

## Objectives

- ✓ Provide high quality, secure accommodation and to prevent homelessness.
- ✓ Provide a flexible, structured and appropriate level of support for all residents.
- ✓ Assist residents in identifying and addressing their primary health needs.
- ✓ Encourage residents to acquire and develop skills for life and work.
- ✓ Encourage residents to access community resources and explore educational and employment options.
- ✓ Support residents to take greater personal responsibility for themselves and their recovery.
- ✓ Support residents to explore 'move-on' options when they feel they are ready.
- ✓ Assist residents to fully integrate with the wider community in a stable and constructive way.
- ✓ Assist residents to reach their potential.

**Our program is designed to meet the needs of people who are able to manage their daily living with a low to moderate level of support. Our team does not include medical or nursing staff and we cannot provide additional support with complex physical or mental**

health conditions or medications that cannot be safely managed by the applicant themselves with GP supervision.

We are also unable to consider the following applicants:

- Pregnant
- Couples
- Pets
- Those requiring medical detox
- Any schedule 1 offence, past or present
- Any offence committed under the Sexual Offences Act 2003

### **Application Requirements**

Applications can be made by **the applicant, a professional agency or appropriate third party** representing the applicant. If someone else completes this application form on behalf of the applicant, please provide details in section provided.

We require a period of at least **six weeks' abstinence** before we will admit to our program.

Applicants must be in receipt of either Employment Support Allowance, Personal Independent Payment or Universal Credit in order to reside with Chrysalis, unless they are paying for services and accommodation from personal money.

A **negative drug and alcohol urine test is required by all residents on day of admission**, and consent and compliance to unscheduled drug and alcohol testing throughout their residency.

The licence agreement includes a clause requiring total abstinence from alcohol and illicit substances for all the residents in this service, and the failure to adhere to this could result in the licence being terminated immediately.

Medications prescribed by health professionals such as a GP, dentist or psychiatrist may be permitted. They need to have been discussed and agreed with Chrysalis, safely stored and taken as instructed by the prescribing clinician. If applicants are accepted on controlled medication they may be required to bear the cost of specialist test kits to ensure that the prescribed medication is being taken as instructed.

Two **written references** are required to support the application.  
<https://www.chrysalishousing.co.uk/drug-and-alcohol-services.html>

This form must be completed in full and submitted to Chrysalis along with **two approved forms of identification (ID), proof of benefits and a current bank statement**.

**Please ensure that the application is fully completed. If you require further clarification on any sections, please contact us prior to sending the application. Please note that if all the supporting evidence is not provided with the completed application, we will not be able to offer an assessment.**

### **Additional information**

We understand that those that have experienced problematic substance use are more likely to experience ongoing health conditions. However, we expect all applicants to be able to participate for a minimum of 3 days' per week in our Compass Project, plus attend all internal and external support activities as directed by us and that this will take priority over other commitments or aspirations.

We are a trauma-informed service, and we recognise that problematic substance use can often result from Adverse Childhood Experiences and past trauma. The therapeutic component of our support program is focused on Psychoeducation, Relapse Prevention and your Recovery goals. We do not provide specialist trauma counselling and ask that you inform us as part of your assessment if this is something that you intend to seek externally whilst engaged in our program. We will need to assess your needs and our ability to adequately support you through this process alongside program participation.

**Please list supporting documents attached with this application:**

<b>Proof of ID</b>	<b>Proof of ID</b>	<b>Proof of Income/Benefit</b>	<b>Proof of National Insurance (NI)</b>

#### **Proof of Income**

- Bank or building society statements for the last 2 full months
- Proof of other income or investments, including shares, ISAs or Premium Bonds
- Proof of claimed state benefits

#### **Acceptable Forms of ID (please note that 2 are required)**

- UK photocard driving licence or current passport
- birth or marriage certificate
- certificate of registration or naturalisation
- permanent residence card
- letter from HMRC or the Home Office
- recent utility bill, bank or building society statement
- recent benefit award statement

## **Assessment Process**

Once the application has been reviewed, we will make contact to arrange an assessment, if your application indicates that we are an appropriate service for the applicant's needs. The initial assessment takes place either face-to-face or online.

If this part of the assessment is successful, the applicant will be invited to meet residents at the property and staff at Compass Project to discuss the recovery support programme. This gives the applicant the opportunity to ask questions, see the service and hear the experiences of Chrysalis clients and Compass service users.

When the applicant has met with the residents, Chrysalis will inform them via phone call or email as to whether their application has been successful. If the application was successful, a move-in date will be arranged for the earliest convenient date.

This assessment process can take up to two weeks and so it is vital that when referring to Chrysalis, it is done so with plenty of time before discharge from a treatment centre.

## **Unsuccessful Applications**

If the applicant is not offered an initial assessment interview, Chrysalis will inform them within fourteen working days, via phone or email, outlining the reasons why.

If we are unable to offer a place for any reason, the applicant will be informed via phone call or email.

The applicant has the right to appeal this decision and has the right to appoint an advocate or representative that can request that the decision is explored by an outside independent body. If it is deemed that Chrysalis has acted unfairly, the application will be reviewed. If Chrysalis believes that the initial decision should be reviewed, then it will do so.

Chrysalis like to ensure, wherever possible that unsuccessful applicants are given clear and appropriate guidance as to other agencies or organisations that may be able to provide support or appropriate help.

**Please return the application form and supporting documents to:**

[referrals@journeycare services.co.uk](mailto:referrals@journeycare services.co.uk) **OR** Chrysalis Supported Association Limited, 3 Brook Office Park, Emerson's Green, Bristol, BS16 7FL

*Information sent to this address is shared by more than one company within the group to offer the best support possible. Please only use this address if you are happy with the information being shared*

## Section 1: Applicant's Details

Applicant's Details	
Date of application	
Name	
Date of birth	
Age	
Contact telephone number	
Email address	
National Insurance number	

Current Address	
Address	
Post code	
Homeless/no fixed abode	

Previous Address	
Address	
Post code	

Next of Kin	
Full name	
Address	
Post code	
Contact telephone number	
Relationship to applicant	
Do we have the applicant's permission to speak with this person?	

## Section 2: Residential Treatment Details

Residential Rehabilitation Treatment Details (if applicable)	
Service name	
Address	
Telephone number	
Email address	
Admission date	
Completion date	

Planned move in date if accepted											
<p align="center"><b>Referring Agency Information (if applicable)</b></p> <table border="1"> <tr> <td>Referral Agency:</td> <td></td> </tr> <tr> <td>Referral Address:</td> <td></td> </tr> <tr> <td>Contact number:</td> <td></td> </tr> <tr> <td>Email address:</td> <td></td> </tr> <tr> <td>Contact name:</td> <td></td> </tr> </table>		Referral Agency:		Referral Address:		Contact number:		Email address:		Contact name:	
Referral Agency:											
Referral Address:											
Contact number:											
Email address:											
Contact name:											

### Section 3: Income/Benefit

**Please provide details of current benefits received by applicant, including weekly amounts received:**

Benefit Type	
Amount per week/fortnight/ month	
Benefit Start Date	

Benefit Type	
Amount per week/fortnight/ month	
Benefit Start Date	



**Please note: the applicant is required to pay a service charge in addition to any money received from their housing benefit claim. This is currently between £10-£35 per week based on current costs.**

**Does the applicant have a current Housing Benefit claim?**

**Yes / No**

If **yes**, please provide details of address of current claim, housing benefit reference number, amount received and start date:

Address of housing benefit claim	
Claim Reference	
Local authority	
Amount received	
Start date	

**Please provide details of current employed/self-employed income received by applicant, including amounts: please note, it is not permitted to run a business from a Chrysalis property**

Business name	
Employment start date	
Weekly/monthly income amount	

Business name	
Self-employed start date	
Weekly/monthly income amount	

**Please provide details of any bank accounts/ savings/capital of applicant, including amounts: please note, this is for rent and Housing Benefit purposes**

Type of savings (bonds, ISA)	
Bank/building society name	
Amount	
Account Number	
Sort Code	

Type of savings (bonds, ISA)	
Bank/building society	
Amount	
Account Number	
Sort Code	

<b>Has the applicant registered with Home Choice, South Gloucestershire's Housing Register?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Has the applicant registered with another Local Authority Housing Register?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please note:** it is recommended that the applicant make an application to Home Choice as soon as possible

#### Section 4: Addiction and other problematic behaviour

Please specify the date that the applicant last used illicit substances:

For how long was the applicant using substances problematically?

What substance/s was the applicant primarily dependent on?

Please provide details of other problematic behaviours the applicant has engaged in:

Details (inc length of abstinence from behaviour)

Self-Harm	
Gambling	
Excessive shopping or spending money	
Sex, Love, Pornography	
Codependency	
Work	
Gaming	
Other	

**What barriers to recovery has the applicant identified:** *please note, this is to ensure that the applicant can be supported with these*

1	
2	
3	
4	
5	

**What personal strengths and attributes has the applicant identified in themselves:**

1	
2	
3	
4	
5	

## Section 5: Medical History and Information

**Is the applicant being treated for any other condition other than chemical dependency?**  
**Details:**

**Does the applicant take any prescribed or unprescribed medication?**

If **yes**, please provide details of the medication and prescribed dosage:

**Do you plan to make any changes to the medication you take whilst you are residing in supported accommodation?**

If **yes**, please provide details of any changes you plan to make:

Has the applicant recently given birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any dependent children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate if the applicant has been diagnosed with any of the following health conditions/neurodiversity and provide details.

If you experience the effects of any of the conditions listed below but do not have a formal diagnosis, please record this along with any reasonable adjustment that you would need in order to fully engage in all aspects of our program. If we believe that we are unable to provide adequate support for you, we will respond as per our unsuccessful application process (see P.4).

		Details inc. adjustments needed
Anxiety	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	
Complex Post-Traumatic Stress Disorder (CPTSD)	<input type="checkbox"/>	
Borderline Personality Disorder	<input type="checkbox"/>	
Autism Spectrum Disorder	<input type="checkbox"/>	
Attention Deficit Hyperactivity Disorder	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

*If your symptoms change or you are diagnosed with a new condition whilst participating in our program, we may reassess our ability to provide effective ongoing support for you. If we believe that we are no longer able to meet your needs we will, where possible, refer you on but may end our support and accommodation offer. Please consider this carefully before applying.*

**Have you ever suffered from any of the following health condition?**

Question	Yes	No	If 'Yes' Please give details
Visual impairment / eye conditions (including colour blindness) not corrected by glasses			
Hearing impairment / ear conditions / Tinnitus			
Do you have any speech or communication problem			
Mental ill-health not already covered			
Fainting attacks, blackouts, epilepsy or seizures			
Recurrent headaches, migraine			
Vertigo or giddiness			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Kidney or bladder problems			
Recurrent backache, arthritis, rheumatism			
HIV, Hepatitis B, C or any other Blood-Borne Virus (BBV)			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Severe hay fever, allergies to drugs, animals etc.			
Any impairment of immunity to infection			

Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Do you have any other relevant health problems that may impact on your day-to-day work?			

#### Previous health issues

How many days sickness have you had over the past 2 years? ( <i>approximately</i> ) <i>Please provide details</i>	
----------------------------------------------------------------------------------------------------------------------	--

#### Present health status

Question	Yes	No	If 'Yes' Please give details
Do you consider yourself to have a disability?			
Do you have any physical disability necessitating special aids or requirements for access to premises?			
Do you need assistance in case of an emergency evacuation? If 'Yes', please describe type of assistance needed			

## Section 6: Criminal History and Information

**Please note:** failure to disclose or providing information, which is subsequently found to be inaccurate, could result in the applicant's offer of a place being withdrawn or their license being terminated.

**Has the applicant ever been convicted of or is currently charged with committing a serious violent offence?** (e.g. GHB, manslaughter, murder, arson, armed robbery, hate crime, violence against women, etc)

*If yes, please provide a supporting letter outlining and explaining the offences, the dates they relate to, and reasons you believe Chrysalis should not consider these convictions to be a risk to the safety other service users.*

**Is the applicant subject to probation, license, drug treatment order, or any other order imposed by court?**

**Does the applicant have any court orders outstanding?**



## Section 7: Addiction Treatment History and Information

Please list any previous support/treatment the applicant has received for their addiction, including placements and dates:

Treatment Centre	Type of Treatment (primary, secondary, day treatment)	Date/s

Was the applicant discharged from a Treatment Centre/Clinic above prior to treatment completion?

Details:

## Section 8: Support Needs

Please indicate the types of support the applicant would need in order achieve independent living, autonomy and continued abstinence:

Emotional Support	<input type="checkbox"/>
Mental Health Support	<input type="checkbox"/>
Health and Wellbeing	<input type="checkbox"/>
Peer Support/Groups	<input type="checkbox"/>
Accessing other Services	<input type="checkbox"/>
Money Management	<input type="checkbox"/>
Education	<input type="checkbox"/>
Employment/Voluntary	<input type="checkbox"/>
Accessing Benefits	<input type="checkbox"/>
Supervision of Medication	<input type="checkbox"/>
Identifying Triggers/Risk	<input type="checkbox"/>
Other – please specify:	
	<input type="checkbox"/>
	<input type="checkbox"/>

**What support networks does/has the applicant used to maintain their recovery?** (e.g 12 Step Fellowship, SMART, CBT Groups, Church Groups, Online Peer Support and Recovery Networks)

**Details:**

What does the applicant hope to gain from a place with Chrysalis? Please give at least 3 objectives for their ongoing recovery:

1)	4)
2)	5)
3)	6)

### Section 9: Additional Information

<b>Additional Information</b> (please provide all details)	
<b><u>Current GP</u></b> Name Address Contact Number Email	
<b><u>Other Health Professional</u></b> Name Address Contact Number Email	
<b><u>Social Worker</u></b> Name Address Contact Number Email	
<b><u>Care-Coordinator</u></b> Name Address Contact Number Email	
<b><u>Probation Officer</u></b> Name: Address: Contact Number: Email:	

## Section 10: Information Sharing and Consent

*This section needs to be completed by the applicant. Please note: without these, Chrysalis are not able to acknowledge the applicant's residency which may affect the support that Chrysalis are able to provide.*

**Please indicate with which agencies the applicant gives consent for Chrysalis Supported Association Limited to share information with:**

GP	<input type="checkbox"/>
South Glos Council	<input type="checkbox"/>
Adult Social Services	<input type="checkbox"/>
Children's Social Services	<input type="checkbox"/>
Care Coordinator	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>
Mental Health Team	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>
Dentists	<input type="checkbox"/>
Family	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Other:	
	<input type="checkbox"/>
	<input type="checkbox"/>

I \_\_\_\_\_ hereby consent and give Chrysalis Supported Association Limited and its representative's permission to release and obtain information about me from those I have assigned in the above list.

**Applicant Signature**

**Date**

## Section 11: Equality and Diversity

We seek to collect equality and diversity data for all our tenants. Your answers will help us make sure that our services are accessible to all. There are some sensitive questions, but your answers will be treated in the strictest confidence. You don't have to answer any questions you are not comfortable with.

### Ethnicity

	You
<b>White</b>	
<i>British</i>	<input type="checkbox"/>
<i>Irish</i>	<input type="checkbox"/>
<i>Eastern European</i>	<input type="checkbox"/>
<i>Other European</i>	<input type="checkbox"/>
<i>Romany/Gypsy/Traveler</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
<b>Asian / Asian British</b>	
<i>Indian</i>	<input type="checkbox"/>
<i>Pakistani</i>	<input type="checkbox"/>
<i>Bangladeshi</i>	<input type="checkbox"/>
<i>Chinese</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
<b>Mixed</b>	
<i>Black African</i>	<input type="checkbox"/>
<i>Black Caribbean</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
<b>Black / Black British</b>	
<i>White / Black African:</i>	<input type="checkbox"/>
<i>White / Black Caribbean</i>	<input type="checkbox"/>
<i>White / Asian</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
<b>Other Ethnic Group</b>	
<i>Arab</i>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
<i>Prefer not to say</i>	<input type="checkbox"/>

### Religion

	You
Atheist	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Sexual Orientation

	You
Asexual	<input type="checkbox"/>
Heterosexual/Straight	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Gender Identity

	You
Same gender as you were given at birth	<input type="checkbox"/>
Different gender from that given at birth	<input type="checkbox"/>
Gender Neutral	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

## Section 12: Data Protection Act 1998/ Data Collection

Please be aware that all the information contained within this application form will be kept strictly confidential. This information will only be used to assess your suitability for support in our Structured Therapeutic Addiction Recovery Support (STARS) Program.

The information provided in this application form is placed on a computer database. This enables us to access your details more efficiently.

In accordance with the Data Protection Act 1998, your computer and paper record is only made available to those having a need to know. No personal information will be released to anyone outside this organisation. You have the right to ask for a copy of your information, and for a description of how we are using it and who we may give it to.

We would be most grateful if you would sign below as having read and understood the above and that you agree the personal information provided may be held in digital form for use as described.

Please note, Chrysalis Housing will handle personal data in accordance with the provision of the Data Protection Act 1998. Chrysalis Housing's policy on Data Protection compliance is available on request.

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**Applicant Signature**

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**Date**

## Section 13: Declaration

### Statement of Binding Declaration

I understand that the information I have provided in this application form is, to the best of my knowledge, accurate and true. I understand that any information that is later found to be inaccurate or false, may lead to any offer of support being declined, a licence offer being withdrawn, or license agreement being terminated immediately.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_ have read and understood what is written in the D+A guidance booklet (SEE APPENDIX AT END OF APPLICATION) that was provided with this application. I understand the rules, code of conduct, and expectations laid out by Chrysalis Supported Association Limited. I also understand that failure to disclose or omit any relevant information in this application that later comes to light may result in me losing my support and accommodation placement.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

<b>This application was completed by: (if not completed by applicant)</b>	
Signed	
Print name	
Contact details	
Date	

***Personal Information on this form may need to be shared with other organisations within the Chrysalis Group to allow for the purpose of holding the data to be met. There will always be a good reason for sharing the data and the minimum amount will be shared securely with individuals only as necessary. For more information refer to the company privacy policy. Special category data such as medical or conviction information will only be shared for legitimate purpose and if possible, you will be informed of who it will be shared with and why.***



## APPENDIX

### Chrysalis STARS Application guidance

This guidance refers to the application process for Chrysalis's abstinence-based specialised support service which provides high quality, safe accommodation and medium to low structured support for people recovering from problem substance use and/or dependency.

Our Structured Therapeutic Addiction Recovery Support (STARS) Program is primarily aimed at people who are looking to build recovery capital having completed an intensive Residential or Community treatment program. Residents in this scheme are committed to an abstinence-based lifestyle and might otherwise be at risk of relapse and/or homelessness.

Chrysalis believes that living in a safe and supportive recovery community can help individuals work towards developing healthy relationships, structure and self-discipline. By residing in a change-focused setting, individuals can work at a realistic pace toward positive self-directed goals and aspirations.

Our code of conduct sets high behavioural standards for the safety of the individual and our recovery community. These are non-negotiable and program participants will be expected to maintain these standards in order to receive ongoing support and accommodation with us.

## Objectives

- ✓ Provide high quality, secure accommodation and to prevent homelessness.
- ✓ Provide a flexible, structured and appropriate level of support for all residents.
- ✓ Assist residents in identifying and addressing their primary health needs.
- ✓ Encourage residents to acquire and develop skills for life and work.
- ✓ Encourage residents to access community resources and explore educational and employment options.
- ✓ Support residents to take greater personal responsibility for themselves and their recovery.
- ✓ Support residents to explore 'move-on' options when they feel they are ready.
- ✓ Assist residents to fully integrate with the wider community in a stable and constructive way.
- ✓ Assist residents to reach their potential.
- ✓

**Our program is designed to meet the needs of people who are able to manage their daily living with a low to moderate level of support. Our team does not include medical or nursing staff and cannot provide additional support for complex physical or mental health conditions or medications that cannot be safely managed by the applicant themselves and their GP.**

**We are also unable to consider the following applicants:**

- Pregnant
- Couples
- Pets
- Those requiring medical detox
- Any schedule 1 offence, past or present
- Any offence committed under the Sexual Offences Act 2003

### **Important Information Before Applying**

**Our program consists of the following and all participants will be required to commit to the following for ongoing accommodation and support:**

- High-quality, abstinence-based supported shared living with peer accountability, keyworker check-ins and an integrated support package.
- Funded via Housing Benefit (where eligible) with personal contribution towards service charges and support costs of c. £15-£35 per week.
- Residents sign a license agreement outlining expectations including:
  - Ongoing abstinence and consent to regular drug and alcohol testing
  - Communal responsibilities (Therapeutic duties): cleaning rotas, budgeting, shopping and meal preparation.
- Attendance at set internal (Psycho-educational groups, Therapeutic 1-1's) and external (12-step Fellowships/SMART/commissioned recovery support services) weekly recovery activities
- Commitment to attend Compass Project three days per week (retail, furniture delivery and assembly, maintenance, commercial and domestic services and other work-based training activities)
- Applications can be made by the applicant, a professional agency or appropriate third party representing the applicant. If someone else completes this application form on behalf of the applicant, please provide details in the section provided.
- Applicants must have achieved at least six weeks' abstinence from illicit substances before we will admit to our program.
- Applicants must be in receipt of either Employment Support Allowance, Personal Independent Payment or Universal Credit in order to reside with Chrysalis, unless they are paying for services and accommodation from personal money.
- A negative drug and alcohol urine test is required by all residents on day of admission, and consent and compliance to unscheduled drug and alcohol testing throughout their residency.
- The licence agreement requires abstinence from alcohol and illicit substances for all participants in this service, and the failure to adhere to this could result in the licence being terminated immediately.
- Medications prescribed by health professionals such as a GP, dentist or psychiatrist may be permitted. They need to have been discussed and agreed with Chrysalis, safely stored and taken as instructed by the prescribing clinician.
- If applicants are accepted on controlled medication they may be required to bear the cost of specialist test kits to ensure that the prescribed medication is being taken as instructed.
- Two written references are required to support the application.
- This form must be completed in full and submitted to Chrysalis along with two approved forms of identification (ID), proof of benefits and a current bank statement.

We understand that those that have experienced problematic substance use are more likely to experience ongoing health conditions. However, we expect all applicants to be able to participate for a minimum of 3 days' per week in our Compass Project, plus attend all internal and external support activities as directed by us and that this will take priority over other commitments or activities.

We are a trauma-informed service and we recognise that problematic substance use can often result from Adverse Childhood Experiences and past trauma. The therapeutic component of our support program is focused on Psycho-education, Relapse Prevention and your Recovery goals. We do not provide specialist trauma counselling and ask that you inform us as part of your assessment if this is something that you intend to seek externally whilst engaged in our program. We will need to assess your needs and our ability to adequately support you through this process alongside your program participation.

Our application form asks if the applicant has been diagnosed with a number of specific health conditions or has neurodiversity support needs and to provide details. If the applicant experiences the effects of any of the conditions listed but does not have a formal diagnosis, please record this along with any reasonable adjustment that they would need in order to fully engage in all aspects of our program. If we believe that we are unable to provide adequate support for you, we will respond as per our unsuccessful application process (see below).

If the symptoms of any current illness or condition changes or the applicant is diagnosed with a new condition whilst participating in our program, we may reassess our ability to provide effective ongoing support. If we believe that we are no longer able to meet the applicant's needs we will, where possible, provide an onward referral but may end our support and accommodation offer. Please consider this carefully before applying.

Please ensure that the application is fully completed. If you require further clarification on any sections, please contact us prior to sending the application. Please note that if all the supporting evidence is not provided with the completed application, we will not be able to offer an assessment.

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referrals@journeycare services.co.uk OR Chrysalis Supported Association Limited, 3  
Brook Office Park, Emerson's Green, Bristol, BS16 7FL

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## **Assessment Process**

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If successful, the applicant will be invited to meet residents at the property and staff at Compass Project to discuss the recovery support program. This gives the applicant the opportunity to ask questions, see the service and hear the experiences of current program participants.

We will then provide a final decision on the success of the application via phone call or email. If successful, a move-in date will be arranged for the earliest convenient date.

This assessment process can take up to two weeks and so it is vital that when referring to Chrysalis, it is done so with plenty of time before discharge from a treatment center.

## **Unsuccessful Applications**

If we are unable to offer a place for any reason, the applicant will be informed via phone call or email within fourteen working days, outlining the reasons why.

The applicant has the right to appeal this decision and has the right to appoint an advocate or representative who can request a review by an external review. If it is deemed that Chrysalis has acted unfairly, we will review our initial decision.

Chrysalis aims, where it is possible, to provide clear and appropriate guidance to other agencies or organisations that may be able to provide support or appropriate help.

### **What is provided**

- High quality communal furnishings
- Modern cooking facilities
- Cooking utensils, cutlery, crockery, etc
- Fridge and freezer space for each individual
- Kitchen cupboard space for each individual
- Bedroom furniture: bed, wardrobe, chest of drawers, bedside cabinet, lamp, mirror, washing basket, pictures, bedding (if required)
- Cleaning products and equipment

### **What is not provided**

- Clothing
- Food, drinks, supplies
- Washing detergent, personal hygiene products

Please note that all furniture and bedroom furniture is provided and so it is not permitted to bring any additional items. It is also not permitted to have a TV in the bedrooms. This is to promote and encourage the community within the house.