

PROPOSED ADDENDUM TO APPLICATION FORM FOR SOCIAL HOUSING SUPPORT - PART 7

HOUSING FOR PEOPLE WITH A DISABILITY – Additional Information to assist Council and HSE.

- Do you have a need for Social Care / Supported Living Supports to enable you to live independently in the community? ____ Yes ____ No
- Are your required HSE funded Supported Living supports already provided and available to you? ____ Yes ____ No
- Will you require additional or increased Supported Living Services to enable you to live independently? ____ Yes ____ No
- Are you in receipt of any Disability Support Services from the HSE either directly or from a HSE Section 38 or Section 39 Service Provider? ____ Yes ____ No
 - If YES, please provide name of the Organisation _____
- Would you consider a **Shared Supported Living Arrangement** type Housing (see explanatory notes)? ____ Yes ____ No
- If required, do you have a preferred **Approved Housing Body** (see explanatory notes) ____ Yes ____ No.
 - If YES, please provide details: _____
 - If No, would you like the County Council to suggest some to you? ____ Yes ____ No
- To enable the Council to coordinate and collaborate with the appropriate HSE and AHB and Service Provider, in an effort to better serve your needs and in compliance with **GDPR** regulations, do you authorise the Council Housing Department to liaise with your nominated organisations? ____ Yes ____ No
 - If Yes, please provide your Health Research Board (HRB) National Ability Support Systems (NASS) PIN Reference: _____ (available from your Service Provider or HSE).