



THE LYME TRUST

A Registered Charity and Company Limited by Guarantee



Housing & Support for People With Mild to Moderate Mental Health Needs
Service Development Director: Mrs Sue Tagliarino, Hon. Secretary: Cathy Redman

Management Office, 37 London Road, Newcastle Under Lyme, Staffordshire, ST51LN.
Telephone: 01782 634725, Fax: 01782 625677, Email: thelymetrust@tiscali.co.uk

Support Office, 37 London Road, Newcastle Under Lyme, Staffordshire, ST5 1LN.
Telephone: 01782 634510, Fax: 01782 625677

Registered Charity Number 1048549
Company Registration Number 3067374

www.thelymetrust.co.uk

The Lyme Trust currently have the following vacancies.

_____ Full Board, single room (s) at London Road and

_____ Self-Catering, single room(s) at London Road

Below is a detailed list of the accommodation we provide:

33 London Road - Full board, single room, **Male & Female Residents** –
9 bed spaces

39 London Road – Self contained bed sit, with shared facilities, **Male Only Residents** –
5 bed spaces

41 London Road – Full board, single room, **Male Only Residents** -
9 bed spaces

52 London Road – Self contained flat with shared facilities, **Male Only Residents** –
4 bed spaces

37 London Road – Self contained flat with shared facilities, **Male and Female Residents**
“Halfway House” A step between full accommodation and Floating Support
4 bed spaces

If you have a service user / client that may be in need of our support, please contact either Sue Tagliarino, Service Development Director or a Team Leader who will be happy to forward a referral pack to you.

Please ensure that you complete the attached criteria checklist before requesting a referral pack.



The Lyme Trust Initial Enquiry Form.
Once completed, please fax to 01782/625677

Person Making Initial Enquiry	
Agency	
Address	
Telephone	Ext

Type of Accommodation Required (Tick box as appropriate)			
Full Board	<input type="checkbox"/>	Floating Support	<input type="checkbox"/>
Self Catering	<input type="checkbox"/>	Any	<input type="checkbox"/>

Name of Person Requiring Accommodation
Gender
Current Address / Hospital Ward
Date of Birth
Has person been resident at The Lyme Trust previously?

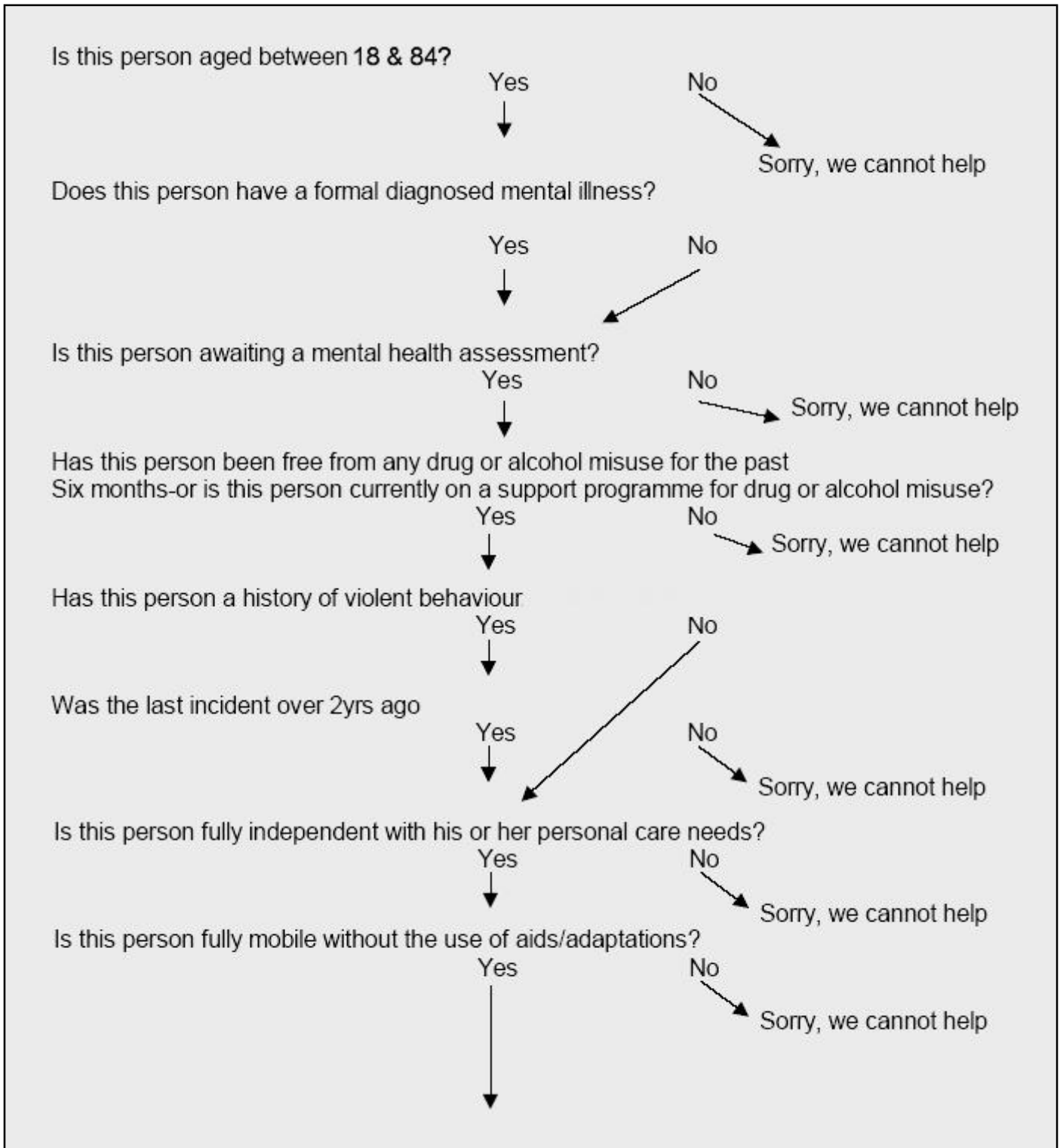
What, if any benefits is the person receiving?			
	£	:	p
	£	:	p
	£	:	p
Other Income (please specify)	£	:	p
Total	£	:	p

What, if any, additional funding would be available?

What support needs does this person have? (please give a brief outline of any illness or disability the person may have as well as any substance misuse past or present)

N.B Any information received by The Lyme Trust at this stage will be treated with total confidentiality and will remain within the referral team. **Please note, The Lyme Trust will only accept a referral for a person who has been free from substance misuse for at least six months.**

Check List For Referral Criteria



Please complete a Lyme Trust Referral Form and return to the following address:

MANAGEMENT OFFICE, 139 LONDON ROAD, NEWCASTLE UNDER LYME, STAFFORDSHIRE, ST51LN.
TELEPHONE: 01782634510 Fax: 01782625677 Email: thelymetrust@tiscali.co.uk



Personal Details

Name Date of Birth

Marital Status

Religion (if any)

Permanent Address

.....

Telephone

Current Place of Residency

.....

Next of Kin Telephone

Relationship Is Contact Maintained?

People Supporting This Person

GP Telephone

C.P.N Telephone

Social Worker Telephone

Consultant Psychiatrist Telephone

Other(s)

.....



Does the person have a history of Mental illness? If yes please specify and detail any current issues.

Does the person have a history of Substance mis-use? If yes please specify and detail any current issues.

Does the person have a history of Alcohol related problems? If yes please specify and detail any current issues.

Has the person ever shown any violent or aggressive behaviour to others? If yes please specify and detail any current issues.

Does the person have any previous criminal convictions? If yes please specify and provide details.

Does the person have any physical illness' that require that require on-going support from staff? If yes please specify and detail any current issues.

Is the person currently taking ant prescribed medication? Yes / No		
Name of Medication	Dose	Reason

Please use the space below to give as much information about the person's medical history as possible, including any admissions to hospital either as a voluntary patient or under a section of The Mental Health Act.

Please use the space below to detail any financial information you feel may be relevant. Please include any outstanding debts, any benefits received, any claims for benefits that are pending or any support needed with budgeting.

Please use the space below to detail any self-help skills the person may have (cooking, shopping, laundry etc) which will help us to find the most suitable accommodation for this person.

Please use the space below to give a 'pen picture' of the person, giving as much detail as possible which will help us to ensure the a correct and full package of support.

What follow up support will other agencies be giving to the person once he/she moves into The Lyme Trust?

Name

Agency

Job Title

Address

Tel.

Who should we contact regarding this person if you are unavailable?

Signature

Date

Where did you hear about The Lyme Trust? Please give details.

Referral Contact Sheet

Name:

Date	Contact Made With	Details	Signature

