Supported Needs – Request for further information

All sections of the form must be fully completed in order for the application to be fully considered. Please note that incomplete information may lead to delays in assessing your application or in your application being rejected.

If you have queries about this form or about Supported Housing in Manchester please contact Manchester City Council's Commissioning Hub by email at supportedhousing@manchester.gov.uk

Name of applicant: North Star Carehomes Ltd
Telephone Number: [redacted]
Email: [redacted]
Please detail the relationship of the applicant to the building owner and/or proposed support provider: Applicant is the building owner
Where is the proposed property? (Address, postcode, ward): 72 Dickenson Road, Rusholme, Manchester, M14 5HF Please provide details of the type and size of the proposed accommodation, including number of floors, rooms and number of residents and facilities: 2-storey property with 4 bedrooms, 2 bathrooms, open plan kitchen/dining area, lounge and a living room.
Please select from the options below the type of building that permission is being sought for: Existing building ☒ Land site with demolition approval for an existing building ☐ Land site cleared for development ☐ Other ☐ If you have selected other then please provide further details below:
Do you have capital funding arrangements for the building? Yes ☐ No ☐ Not applicable ☒ If yes, Where is it proposed that payment for the building will come from and is it in place? If no, what plans do you have to identify funding?
Please describe your service delivery model, explain how and what kind of support and interventions people will receive and what kind of outcomes will be delivered as a result: Refer to submitted management plan Who will residents be supported by, at what staff to client ratio, and for what hours each day/week: Refer to submitted management plan

Who are the proposed client group (age group, gender, condition if applicable). What experience do you have in supporting this client group? Children aged 7-18 years in need of Care. Refer to submitted Management Plan
Do you have support funding agreed? Yes ☐ No ☒ If yes, Where is it proposed that payment for the support will come from and is it in place? If no, what plans do you have to identify funding?
Where will referrals for the service come from? Local Authority
Do you have any plans in place to use local contractors or to employ staff from the local area for either the building or the support? Please specify on which? Yes, employ staff from the local area
Have you had any discussions with either Manchester City Council or other public bodies such as GMP about your proposals? Yes ☐ No ☒ If yes please provide further information about these discussions including details about any support for your proposals:
Please provide details of any needs analysis carried out and/or information on why this type of supported accommodation is required in Manchester: Applicant has reviewed the following documents and identified need to provide accommodation for children in need of care: Manchester Joint Strategic Needs Assessment Independent Review of Children's Social Care Supported Housing Guidance for Local Authorities
Please provide details of any proposed engagement with the surrounding community: None has taken place yet

Please return your completed form by email to supportedhousing@manchester.gov.uk or by post to

Commissioning Hub – Development
Directorate for Children and Commissioning
Manchester City Council
PO Box 532
Town Hall
Manchester
M60 2LA