

## **AXS Recovery Fund**

### **Individual Applications Guidance**

#### **Background**

The AXS Recovery Fund has been developed to help people living in Dumfries and Galloway with alcohol or drug misuse issues in their recovery process.

Applications are considered by members of the AXS Recovery Group, and each is considered on its own merits. The panel are keen to support as many people as possible, but applications must be completed by a member of staff from one of the ROSC partners and must meet some or all of the eligibility criteria.

It is anticipated that grant awards will not exceed £150 - £200 per individual, except in exceptional individual circumstances.

#### **Eligibility Criteria**

- The person you support must be currently accessing one or more of the drug and alcohol recovery services and have a recovery plan in place.
- The person you support must live in Dumfries and Galloway.
- The person you support must be able to demonstrate that the award will help them progress with their recovery.
- All applications must be submitted by a member of staff who has agreed the request to be appropriate.
- All applications must be countersigned by the manager of the organisation completing the application or it will not be considered.

#### **Outcomes and Recovery Planning**

It is essential that the application to the AXS Recovery Fund makes clear links with an outcomes measurement tool, such as RO, Better Futures or Outcomes Star. This list is not exhaustive.

Please give as much information as possible concerning the potential impact of AXS funding on recovery outcomes: this information will form the basis of the future evaluation.

Applications which do not include reference to a formal outcomes measurement tool will not be considered.

### **What will be funded?**

The panel are keen to encourage individuals to be as creative as possible to ensure that they get the most out of the award. You must ensure that the item or activity can be demonstrably linked to an outcome from your individual recovery plan.

Rather than be prescriptive about what AXS will or won't fund, please contact the AXS Partners with your ideas prior to making a full application. However, it is unlikely that AXS can support applications for household goods including carpets.

Contact [enquiries@adssws.co.uk](mailto:enquiries@adssws.co.uk) prior to making a full application.

### **Evaluation and Consent**

In order to evaluate the impact of the AXS Recovery Fund, we will need to contact the person who has benefitted from the funding, usually three months after funding was awarded.

Please obtain consent from the person you support [in Section 5 of the application]. Without consent, we will be unable to support the application.

## AXS Recovery Fund

**Please ensure you have read the Guidance on Page 1 before completing and submitting this information**

<b>AXS Reference Number</b>	<b>Office Use Only</b>
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### 1. Referrer Information

Organisation	
Full Name and Job Title	
Address	
Email Address	
Telephone Number	
Line Manager Name	
Line Manger Signature <i>I confirm I have read and approved this application</i>	
Date of Application	

The referrer is responsible for sending receipts for all goods and services purchased. Please scan and send to

[enquiries@adssws.co.uk](mailto:enquiries@adssws.co.uk)

The referrer will also be approached by the ADP Support Team three months after the AXS Recovery Award, to assess and evaluate how AXS impacted on the person you support and their recovery outcomes.

## 2. Service User Information

Name	
Address	
Date of Birth	
Phone Number	
Email Address	

## 3. Recovery Planning

The person I am supporting is in recovery from	<input type="checkbox"/> Alcohol Problems <input type="checkbox"/> Drugs Problems <input type="checkbox"/> Both Please cross
How long has the person you support been in your or other recovery services?	
What other recovery services or other support services are involved?	<input type="checkbox"/> ADS <input type="checkbox"/> Addaction

	<input type="checkbox"/> Aberlour <input type="checkbox"/> Other[s] – Please Specify
<p>How well has the person you support engaged with your and other recovery services service?</p> <p><i>e.g. length of service, attendance, engagement.</i></p> <p><i>Please include information from other recovery services if known.</i></p>	
<p>What are you applying to AXS Recovery Fund for?</p>	
<p>Have you exhausted all other funding sources?</p> <p><i>Please give details</i></p>	
<p>Costings and preferred suppliers [if known]</p> <p><i>N.B. AXS Recovery Fund has an account with Argos. Please include specific catalogue numbers if goods are to be sourced from Argos.</i></p> <p><i>Goods and services can be purchased elsewhere: this remains the responsibility of the Referring Organisation.</i></p>	

#### 4. AXS Recovery Fund and Outcomes

Please describe how the AXS Recovery Fund will benefit the person you support.

<b>RO Tool</b>		<b>Better Futures</b>		<b>Alcohol Star</b>	
Substance Use	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>
Self-care and nutrition	<input type="checkbox"/>	Health	<input type="checkbox"/>	Use of Time	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	Safety and security	<input type="checkbox"/>	Social Networks	<input type="checkbox"/>
Physical health and wellbeing	<input type="checkbox"/>	Social and economic wellbeing	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>
Mental Health and Emotional Well-being	<input type="checkbox"/>	Employment and meaningful activity	<input type="checkbox"/>	Emotional Health	<input type="checkbox"/>
Occupying time and achieving goals	<input type="checkbox"/>			Offending	<input type="checkbox"/>
Housing and independent living	<input type="checkbox"/>			Accommodation	<input type="checkbox"/>
Offending	<input type="checkbox"/>			Money	<input type="checkbox"/>
Money Matters	<input type="checkbox"/>			Family & Relationships	<input type="checkbox"/>
Children	<input type="checkbox"/>				

*Please give as much detail as possible, and make links to the relevant outcomes measurement tool, e.g. RO Tool, Better Futures, Outcomes Star.*

*Applications which are not linked to a formal outcome measurement tool will not be considered.*

## **5. Finishing your application to AXS Recovery Fund**

Please ask the person on whose behalf you are applying to read and sign the following privacy statement.

Gaining your consent to record, share and store information about you

### **Privacy and consent**

I understand and give consent for:

- ADS and the ADP Support Team to retain my personal, contact and recovery planning details on their database
- Personal and recovery planning details to be recorded electronically on systems for commissioner reports for eligibility of service

And I understand that:

- The information about me will only be shared with the AXS Recovery Partners and the ADP Support Team, except in cases of safeguarding children and vulnerable adults
- I can ask to see the information and choose to have some or all of it corrected or removed
- I can ask to have a copy of the data in a commonly used format
- I have the right to request this information be recorded anonymously, or refuse any information about me being recorded on the system
- I can change my mind about consent at any time and should contact ADS to tell them this

How I would like to be contacted

Via Worker

By Phone

By Email

I understand all of the above and give my consent

 Yes No

Name:

Date:

**For Office Use Only**

**AXS Reference Number**

**Date Received**

**Date Funding Awarded**

**Amount**

**Evaluation Follow Up Date**