# Camden Floating Support Service

# Referral Form

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| **Name of Service** | Camden Floating Support Service | | |
| **Date of Referral** |  | **Date Received** |  |

**Please refer to service FSS leaflet for eligibility criteria before completing this form.**

**Please ensure you complete all sections and provide all the necessary information. This will avoid any delay in our dealing with the referral.**

**Email Referrals to:** [**FSSReferrals@camden.gov.uk**](mailto:FSSReferrals@camden.gov.uk)

**Tel: 020 7974 5366**

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| **Applicants Details** | | | | | | |
| **Applicant’s Name** | | |  | | | |
| Telephone Numbers | | |  | | | |
| Current Address | | |  | | | |
| Post Code | | |  | | | |
| Gender |  | | | Ethnic Origin | |  |
| Date of Birth |  | | | Is the client aware | | Yes  No |
| Applicant’s First Language? | | | | |  | |
| If not English, is help needed? Yes  No | | | | | Yes  No | |
| Does the Applicant have a disability? | | | | | Yes  No | |
| If yes, please specify  any adaptations/assistance required? | | | | |  | |
| Next of Kin | |  | | | | |
| Address | |  | | | | |
| Telephone Number | |  | | | | |
| Relationship | |  | | | | |

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| **WHAT IS THE RISK TO THE TENANCY?** |
| Primary Secondary  (one only) (one only)  Households with support needs  Older people with support needs  Mental health issues  Learning disabilities  Physical health needs or sensory disability  Drug / alcohol problems  Offenders / people at risk of offending  Young people leaving care  At risk from domestic violence  Refugees and asylum seekers  Other: please specify…………………………………………. |

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| **Economic Status** | |
| Does the Applicant have recourse to public funds? | Yes  No |
| Which best describes the Applicant ? | |
| Full time work (24 or more per week)  Part Time Work  Government Training / New Deal  Job Seeker  Retired  Not seeking work  Full Time Student  Child Under 16  Unable to Work – Sickness / Disability  Other Adult | |
| Is the Applicant in receipt of? | |
| Job Seekers Allowance  Income Support  Employment and Support Allowance  Retirement Pension  Disability Living Allowance  Other Benefits  Universal Credit | |

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| **Background- TO CURRENT TENANCY RISK** |
| Please state why the applicant is being referred to the service and how they will benefit from the support available? |
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| **referral agency details** | | | | |
| Agency |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone |  | Fax Number | |  |
| Email |  | | | |
| Staff Name |  | Role | |  |
| How long have you known the applicant? | | |  | |
| Please describe the service you provide to the applicant and whether this will continue if the applicant is accepted for this service? | | | | |
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| **CURRENT HOUSING** | | |
| Please tick the box which best describes the applicants current housing situation | | |
| Housing Association tenant  Local authority tenant (general needs)  Private rented accommodation  Owner occupier  Temporary Accommodation  Sheltered housing  Direct access hostel  Other (please specify) | | |
| Does the Applicant currently hold a tenancy or licence? | | Yes  No |
| Name and Address of Landlord |  | |

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| **OTHER AGENCIES INVOLVED IN THE APPLICANTS SUPPORT** | | | |
| Does the applicant have contact with other agencies e.g. Social Services, Probation Service, Mental Health Services, Drug Services, Drop In Centres? Please give full details | | | |
| Name, key contact, address and phone number | | | What support is provided and how often does the applicant have contact? |
| **1** |  | |  |
| **2** |  | |  |
| **3** |  | |  |
| Is the applicant | | | |
| Subject to the Mental Health CPA? Yes  No  Subject to a Drug Interventions Programme? Yes  No | | | |
| If yes, please give details | |  | |
| Subject of any Anti-Social Behaviour issues? Yes  No | | | |
| If yes, please give details | |  | |
| an Ex-Offender or currently on Probation? Yes  No | | | |
| If yes, please give details | |  | |
| Subject to MAPPA? Yes  No | | | |
| If yes, please give details | |  | |

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| **RISK ASSESSMENT – TYPE OF RISK** |
| **Risk to self**  **Risk to others**  Type of risk:  Yes No Unknown  Schedule 1/Dangerous offender  Verbal abuse  Aggressive or intimidating behaviour  Physical aggression/violence  Issues around mental illness  Issues around drug or alcohol use  Issues around criminal or anti-social behaviour  Damage to property  Arson  Lone working considered unsafe  Female lone working considered unsafe  Hoarding |

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| **DETAIL OF RISK** | |
| Include details of the last known incident where relevant, and the frequency of incidents | |
| Index offence details |  |
| Offending background |  |
| Further Details |  |

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| **WHO IS AT RISK** | |
| Complete for all that apply and provide details where appropriate in the space provided? | |
| Client at risk? If so, please provide details |  |
| Staff at risk? If so, please provide details |  |
| Neighbours at risk? If so, please provide details |  |
| Contractors at risk? If so, please provide details |  |
| Specific individuals at risk? If so, please specify and provide details |  |

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| **RISK ASSESSMENT ACTION PLAN** | | |
| Triggers/behaviours to be made aware of |  | |
| What to do to manage risk: | | What to do if major risk to self or others: |
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| **ADDITIONAL INFORMATION** |
| **Please refer to the Eligibility Criteria for the service as applications will not be processed without the required documentation. Please confirm which of the following additional information has been provided with the referral form** |
| Risk Assessment  Discharge summary  Reports/Review meeting minutes  Care Programme Approach Minutes  Leaving Care Pathways Plan  Other (detail) |

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| **DECLARATION OF APPLICANT** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |
| **DECLARATION OF referral agency** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |