# 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**

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