

Partnership Housing and Floating Support

Referral Form - Floating Support/Supported Housing

Updated: 6th November 2013

Date of referral:				
Support needed (please tick box) Supported housing <input type="checkbox"/> Support only <input type="checkbox"/> Resettlement & Recovery <input type="checkbox"/>				
Customer Information				
Full Name:		NI number :		
Preferred Name:		NHS number :		
Home address:		Date of birth:	Age Group	
			18-25 <input type="checkbox"/>	26-50 <input type="checkbox"/>
			51-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
Home Tel:		Mobile Number:	Gender:	
			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Area of Origin		Ethnicity:	Religion/Faith	
Stoke <input type="checkbox"/> Staffs <input type="checkbox"/> N.Staffs <input type="checkbox"/> Other <input type="checkbox"/>				
Significant Contact: (family, friend, carer)		Working (how many hours)?		
Is CPA in place?		Benefits/tax credit		
Named care co-ordinator / CPN / Other:		Have you used our services before?		
Is the care co-ordinator aware of this referral?		Where did you hear about us?		
Current Accommodation status (please tick)				
Family	Rented (landlord name)	Home owner	Hospital	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agencies involved		Contact Name		Contact number:
Consultant:				
GP:				
Community nurse/CPN:				
Social Worker:				
STR Worker:				
Other:				
Other:				
Communication Needs (please give details)				
Physical Health Needs				
Do you have any physical health issues i.e. mobility etc. Yes / No				
Details:				

Support Arrangements

Do you have a Carer /Advocate/Other? Yes / No
Details:

Are you involved in college or volunteering? <small>(voluntary or otherwise)</small>	Yes/No
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If so please state days and times:

Risk Information

Risk	Yes	No	Comments/Useful information
To self			
To others			
From others			
Other Risk(s)			

Any offending issues	Any Drug/Alcohol issues
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Support Needs

Please give an overview of the customer’s current situation. Include their mental health diagnosis and highlight their support needs.

What support do you think the partnership can offer to the customer?

Are there any substance misuse issues? If yes, please state the substance and what steps are being taken to address this.

Have you applied to any other agencies for accommodation? If yes, how might they meet the customer’s needs?

Please attach care plan, risk assessment and safety plan

Supported housing referrals:

Does the customer require any property adaptations?

Any other information

Please sign here	
I give my consent for the details of my referral to be discussed with the person making the referral, and members of the resettlement and recovery accommodation referral group	
customer signature:	date:
referrer signature:	date:

Referral Information					
Name of referrer :			Job Title:		
Organisation/Agency name and address:					
Organisation Type:					
Brighter Futures schemes		Housing Solutions		Community Mental Health Team	
Stoke Social Services		Drug or alcohol services		Harplands	
Crisis/Assertive outreach CPNs		Rehab CPN Team		Early Intervention Team	
Out of area		GP		Self	
Other					

How long have you known the customer:	
Contact number(office):	Mobile number:
email:	

For office use:	
Received by (Operational Manager):	Date:
Allocated to which organisation : MIND <input type="checkbox"/> Brighter Futures <input type="checkbox"/>	
Supported Needed : Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Floating <input type="checkbox"/>	
Start Date of Support: _ _ / _ _ / _ _ _ _ Support Worker Allocated	
Further Action:	
Accepted <input type="checkbox"/>	Declined <input type="checkbox"/> Reason for declined Decline of Service Form Completed <input type="checkbox"/>
Signposted to other scheme/organisation: <input type="checkbox"/> Details	
Customer Type: New Customer <input type="checkbox"/> Previous Customer <input type="checkbox"/>	

Please complete all sections, and send completed referral information
referrals@brighter-futures.org.uk
 Partnership Housing and Floating Support, Brighter Futures, 5 Whittle Court, Town Road, Hanley ST1 2QE
 phone 01782 406000 / 0800 501 0555