

Guidance: How to Complete the Floating Support Referral Form

The Supporting People team aims to ensure that the most appropriate floating support service is supplied to vulnerable people as quickly and fairly as possible. To help us to do this it is important that we have accurate information, shared with the consent of the person who needs the service. Please use the following guidance to help you to fill out the referral form correctly, and enable us to provide help to those who need it as quickly as possible. We regret that forms that are not completely correctly will be returned to the referrer, resulting in a delay in the service being delivered.

1. Applicant's Details:

Please provide all information fully and accurately, taking extra care with the spelling of names, addresses and telephone numbers.

2. Type of Accommodation:

Please tick **ONLY ONE** box that best describes the accommodation where the person who needs support is currently living.

3. Tenure:

Please make sure that **ONLY ONE** box is ticked.

IMPORTANT

4. Applicant Consent.

A referral can only be accepted if it is clear that the applicant knows and agrees to be referred. For "informed consent" to be valid it needs to be "expressed"- this means either written or verbal.

If you are the applying for support for yourself the consent box can be signed to say that you agree to your information being shared in order for the application to be processed.

If you are referring someone else and the applicant is not with you, the signature of the service user may not be possible to obtain. However, you should still obtain the consent of the applicant by reading out the statement in the applicant consent box and asking the applicant if they agree. If the applicant gives their verbal consent in this way, you should sign your name under the "referrer" box to indicate that you did secure the applicant's informed consent.

Applications cannot be processed without consent. If the applicant's consent is not indicated, the form will be returned to the referrer.

5. Ethnic origin:

This question is about ethnicity, rather than nationality. Please tick **ONLY ONE** box. If the applicant prefers not to give details of their ethnicity, please tick the "refused" box.

6. Other details:

Please tell us if the applicant has any specific communication needs.

Please provide dates and details of any evidence that there are imminent changes in the applicants housing situation e.g. the date of an eviction and what evidence exists to support this claim.

7. Risk issues:

Please tell us about the known risks, if any, to the applicant or to others.

8. Support Needs

Please tell us why the applicant needs housing related support by ticking **ANY** of the boxes that apply.

9. Primary Client Group

Please tell us the applicant's primary client group by ticking **ONLY ONE** box in this column. You should choose the box that most accurately represents the reason **why** the applicant needs housing related support.

11. Secondary Client Group

You should only complete this column if there are additional reasons why the applicant needs housing related support. Please tick **ONLY ONE** box in this column.

12. Applicant's Preferred Provider

You should only complete this box if **the applicant** has indicated that they would prefer to work with a particular provider. Unfortunately as some providers only offer specialist services, it is not always possible to guarantee a service from a named provider. Please be aware that by limiting your choice to a particular provider, the applicant may have to wait longer for a vacancy to become available.

13. Referrer Details

Please complete **ALL** boxes fully. We will use the details you provide to contact you about the referral you have made.

14. Referrer Sector

Please tick the box that best describes the sector that you represent.

General Information

FLOATING SUPPORT SERVICES ARE PROVIDED FOR UP TO A MAXIMUM OF 2 YEARS

Supporting People Floating Support Services provide housing related support.

The services **do not** undertake the following tasks:

- Personal Care
- Shopping
- Domiciliary and Home Care
- Health Care
- Therapeutic/Intensive Behaviour Management
- Rehabilitation after Illness / Required Disability
- Rehabilitation and Specialist Counselling
- Help with Transport / Mobility
- Home Adaptations to Improve Accessibility
- Regular Maintenance Services
- Training Courses
- Crèche Facilities
- Rough Sleeper Services
- Actual Handyperson Services
- Decorating Services
- Gardening Schemes
- Accompanying service users on a frequent basis to hospital/doctors/other specialist appointments

NB: Floating Support Services are provided free of charge to the service user except in circumstances where the service holds a subsidy contract (this will mainly apply to some older person's services).

Applicant Details Title: Mr/Mrs/Miss/Ms/Dr.

First Name		Surname	
Middle Name		Date of Birth	Gender (Please circle) Male/Female/Transgender
Full Name of Second Applicant (if applicable)			<input checked="" type="checkbox"/> Preferred method
Address Line 1		Phone	
Address Line 2		Mobile	
Address Line 3		E-mail	
District/Borough		Fax	
County		Postcode	

Type of accommodation Please **only ONE**

<input type="checkbox"/> Hostel	<input type="checkbox"/> Supported housing
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Supported housing - refuge
<input type="checkbox"/> Sofa surfing	<input type="checkbox"/> Supported housing – sheltered
<input type="checkbox"/> Rough sleeping	<input type="checkbox"/> Supported housing - extra care sheltered
<input type="checkbox"/> Lodging with friends/relatives	<input type="checkbox"/> Nursing/ residential care/Hospital
<input type="checkbox"/> Caravan/mobile home	<input type="checkbox"/> House/flat/bungalow

Tenure Please **only ONE**

<input type="checkbox"/> Owner occupied
<input type="checkbox"/> Private rented
<input type="checkbox"/> Social rented
<input type="checkbox"/> Part rent/part buy

APPLICANT CONSENT

THE FORM WILL BE RETURNED TO THE REFERRER IF THIS SECTION IS NOT COMPLETED

Does the service user know this referral is being made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have they agreed to it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant Consent: I consent to the information provided on this form being shared with the Supporting People team, those who provide me with housing related support and service commissioners		
Signed:	Date:	
Referrer: I confirm that where the applicant was not present to sign the referral form, the informal consent statement above has been read out to them		
Signed:	Date:	

Ethnic origin (Please only one group)

<input type="checkbox"/> White – British	<input type="checkbox"/> Mixed – Other	<input type="checkbox"/> Black or Black British – African
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> Black or Black British – Other
<input type="checkbox"/> White – Other	<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Chinese or other ethnic group – Chinese
<input type="checkbox"/> Mixed – White & Black Caribbean	<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> Chinese or other ethnic group – Other
<input type="checkbox"/> Mixed – White & Black African	<input type="checkbox"/> Asian or Asian British – Other	<input type="checkbox"/> Any Other Ethnic Origin
<input type="checkbox"/> Mixed – White & Asian	<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/> Refused

Other details / significant dates

First language		Requests Deaf Service ?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Communication needs			

	Date	Evidence Provided
Notice to quit/seeking possession served		
Eviction date		
Court date served		
Release from Prison		
Discharge from long term institution		
Young person leaving care		

Risks

Does the service user present a known risk to:

Self	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Please detail:</i>
Others	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>Please detail:</i>

Support Needs – (Please ✓ all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Currently experiencing domestic abuse | <input type="checkbox"/> Neglect of self |
| <input type="checkbox"/> Currently experiencing Harassment | <input type="checkbox"/> Moving on from supported accommodation |
| <input type="checkbox"/> Threat of Eviction – evidence attached | <input type="checkbox"/> Vulnerable due to having been institutionalised |
| <input type="checkbox"/> Threat of Eviction – no evidence | <input type="checkbox"/> Lack of life skills |
| <input type="checkbox"/> Young person (under 18 years) | <input type="checkbox"/> Help in managing finances |
| <input type="checkbox"/> Transition to new tenancy | <input type="checkbox"/> Advice advocacy and liaison |
| <input type="checkbox"/> Rough Sleeper | |

Primary Client Group – (Please ✓ only ONE group)

- Generic
- Frail Elderly
- Homeless families with support needs
- People with a physical or sensory disability
- People with learning disabilities
- People with drug problems
- People with alcohol problems
- Traveller
- Mentally disordered offenders
- Rough sleepers
- People with HIV /Aids
- Older people with support needs (**50+ years**)
- Older people with mental health problems (**50+ years**)
- Offenders or people at risk of offending
- Single homeless with support needs
- Young people at risk (**up to 25 years**)
- Young people leaving care (**up to 25 years**)
- Teenage parents (**up to 21 years**)
- Refugees
- People with mental health problems
- People at risk of domestic abuse

Secondary Client Group – (If Applicable) ✓ only ONE

- Frail Elderly
- Homeless families with support needs
- People with a physical or sensory disability
- People with learning disabilities
- People with drug problems
- People with alcohol problems
- Traveller
- Mentally disordered offenders
- Rough sleepers
- People with HIV /Aids
- Older people with support needs
- Older people with mental health problems
- Offenders or people at risk of offending
- Single homeless with support needs
- Young people at risk
- Young people leaving care
- Teenage parents
- Refugees
- People with mental health problems
- People at risk of domestic abuse

Applicant's Preferred Service Provider (Please note that choosing a preferred provider may increase the time you wait)

Referrer Details

Title	First Name	Surname
Organisation	Job title	
Address Line 1	Phone	
Address Line 2	Mobile	
Address Line 3	Fax	
District/Borough	E-mail	
County	Postcode	

Referral Sector - (Please ✓ ONE)

- | | | | | |
|--|---|--------------------------------------|---|---|
| <input type="checkbox"/> Self/friend/family Health | <input type="checkbox"/> Housing Dept
Prison/Probation | <input type="checkbox"/> LSVT
RSL | <input type="checkbox"/> Adult Social Services
Children families & Education | <input type="checkbox"/> YOS
Charity/Vol. Org. |
|--|---|--------------------------------------|---|---|

For advice on floating support please call 08458 247 100

Return to: **Fax:** 01622 694746 or **Post:** Supporting People Team, Sessions House, Room 4.02, County Hall, Maidstone, Kent. ME14 1XQ **Email:** floatingsupport@kent.gov.uk
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