Floating Support Referral Form

Please fill in sections with \* as these are required. Please email completed referrals to [housingfloatingsupport@shropshire.gov.uk](mailto:housingfloatingsupport@shropshire.gov.uk).

Please use email encryption if you do not work for Shropshire Council/ST&R Housing, if you are unsure about this, email us first and we can assist you to send the email securely.

# Section 1. Service User Details

Please provide below details of the person requiring support:

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| 1. Full Name\*  Click or tap here to enter text.  2. Date of Birth\*  Click or tap to enter a date.  3. Full Address\*  Click or tap here to enter text.  4. Postcode\*  Click or tap here to enter text. | 5. Phone Number\*  Click or tap here to enter text.  6. Email Address  Click or tap here to enter text.  7. Application date: \*  Click or tap to enter a date.  8. Are you completing this form for yourself? \*  Yes:  No:  (If answered “yes” to the above question please skip to section 3, if answered “No” please fill out the referrer details section 2) |

# Section 2. Referrer Details

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| 1. Name\*  Click or tap here to enter text.  2. Job Title\*  Click or tap here to enter text.  3. Name of Referring Organization\*  Choose an item.  4. Name of Referring Organization if “Other” selected.  Click or tap here to enter text. | 5. Office Address\*  Click or tap here to enter text.  6. Telephone Number\*  Click or tap here to enter text.  7. Email address\*  Click or tap here to enter text. |

# Section 3. Assessment of Support Needs

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| 1. Initially - how much support is needed? \*  Choose an item.  2. What type of support is required? \*  Choose an item. | |
| 3. Are there any cultural requirements we need to be aware of when visiting? \*  Choose an item. | 4. If Yes, Please provide details  Click or tap here to enter text. |
| 5. Are there any specific support worker requirements? \*  Choose an item.  6. Do you/they have any mental or physical disabilities we need to be aware of? \*  Click or tap here to enter text.  7. Are there any communication barriers, cultural or other additional needs we need to be aware of?  Click or tap here to enter text.  8. Do you/they have or require a translator or advocate? Please give details.  Click or tap here to enter text. | |
| 9. Are there any restrictions or access concerns upon visiting the property? Please give details\*  Click or tap here to enter text.  10. Household type – do you live with? \*  Choose an item.  11. What is the current accommodation status? \*  Choose an item.  12 If you are not in settled accommodation, why did you leave your last settled address?  Choose an item.  13. Are you/the individual at risk of homelessness? \*  Choose an item.  14. Please provide details of any deadlines regarding the risk of homelessness  Click or tap here to enter text.  15. If currently housed within a local Housing Association property, please provide name  Click or tap here to enter text. | |
| 16. What is your/the individual's employment status? \*  Choose an item.  17. If known, what is the Household Income made up of?  *Please tick all that apply:*  Benefits *please specify which benefits*: Click or tap here to enter text.  Salary  Pension  Other *please specify* Click or tap here to enter text. | |
| 18. Please name any previous housing support service providers  Click or tap here to enter text. | |

# Section 4. Engagement with other services

Please select the appropriate engagement for each service from the drop-down list below the headings.

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|  | |
| 1. GP Practices\*  Choose an item.  2. Specialist Consultant\*  Choose an item.  3. Domiciliary Care Services\*  Choose an item.  4. Shropshire Council – Adult Social Care\*  Choose an item.  5. Shropshire Council – Mental Health Team\*  Choose an item.  6. NHS Mental Health Services \*  Choose an item.  7.Psychiatrist\*  Choose an item. | 8. Drug and Alcohol Support Services \*  Choose an item.  9. Domestic Abuse Support Services\*  Choose an item.  10. Counsellor \*  Choose an item.  11. Probation Officer\*  Choose an item.  12. Leaving Care Team\*  Choose an item.  13. Children Services – Early Help\*  Choose an item.  14. Other Service- Please provide details  Click or tap here to enter text.  Choose an item. |
| 15. If you/ individual is receiving care and support from social services, how is this paid for?  Choose an item. | |

# Section 5. Risks

Please tell us about any risk the service user might present to others or themselves. Answering yes will not mean they will not receive support; this is to help the service prepare for any potential risk before initial visit.

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| 1. Have you/they ever hurt anyone?\*  Choose an item. | 4. Have you/they ever had suicidal thoughts?\*  Choose an item. |
| 2. Have you/they ever damaged any property or belongings?\*  Choose an item. | 5. Have you/they ever intentionally harmed themselves?\*  Choose an item. |
| 3. Have you/they ever had any criminal convictions?\*  Choose an item. | 6. Have you/they ever had a problem with illegal drugs or alcohol?\*  Choose an item. |
| 7. if answered yes to any of the above questions please give details  Click or tap here to enter text. | |
| 8. Are you/they at risk from other people?\*  Choose an item.  9. if answered yes to the above question, please provide details:  Click or tap here to enter text. | |
| 10. Are there any risks to staff?\*  Click or tap here to enter text. | |
| 11. Are there any other risks e.g., relating to medication, physical issues, the current accommodation or environment etc?  Click or tap here to enter text. | |

# Current Housing Support Needs

For self-referrals if you are unsure of the support needs and need assistance with the below sections, please contact [housingfloatingsupport@shropshire.gov.uk](mailto:housingfloatingsupport@shropshire.gov.uk). For professional bodies please fill in the below.

Please be aware choosing no need does not necessarily mean the person can manage that aspect of their life, it just means floating housing support is not currently required in that area.

## Section 7. Setting up Home & Tenancy

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| 1. Support to register and apply for alternative housing  Choose an item.  2. Support to establish and set up a tenancy  Choose an item.  3. Arrange the connection of utilities  Choose an item.  4. Contacting landlord/housing provider with any issues  Choose an item. | 5. Support to initially familiarise and register to local amenities  Choose an item.  6. Support to arrange for adaptations to cater for disability  Choose an item.  7. Advice and support in the repair of adaptations  Choose an item. |

## Section 8. Finance and Budgeting within the home

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| 1. Learn how to budget effectively  Choose an item.  2. Help to understand and manage debts  Choose an item.  3. Budget and paying bills (including rent)  Choose an item. | 4. Understand Benefits  Choose an item.  5. Support with Applications for housing related benefits  Choose an item.  6. Apply for other welfare benefits  Choose an item. |

## Section 9 Maintaining Safety and Security in the Home.

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| 1. Establish safety routines to minimise risk  Choose an item.  2. Identify hazards and repairs at the property  Choose an item.  3. Identify hazards and repairs to household appliances  Choose an item. | 4. Report hazards or repairs appropriately  Choose an item.  5. Access appropriate equipment for use in emergencies  Choose an item. |

## Section 10. Living skills in your home.

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| 1. Understand how to clean and tidy appropriately  Choose an item.  2. Maintain the property to a reasonable condition  Choose an item.  3. Understand how to maintain the garden  Choose an item.  4. Purchase and use household appliances safely  Choose an item. | 5. Organise food storage, food preparation, cooking  Choose an item.  6. Organise meal planning, food shopping  Choose an item.  7. Manage personal hygiene  Choose an item. |

## Section 11. Accessing Community Services

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| 1. Access leisure and recreation activities  Choose an item.  2. Access services for advice, information and support  Choose an item.  3. Accessing family support services  Choose an item. | 4. Access training and workshops  Choose an item.  5. Gaining employment and/or volunteering  Choose an item. |

## Section 12. General health and well-being.

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| 1. Monitor health and well-being  Choose an item.  2. Recognise where specialist support is needed  Choose an item.  3. Access health and social care services as appropriate  Choose an item.  4. Access relevant services for substance and alcohol misuse  Choose an item. | 5 Be responsible for personal safety in the community  Choose an item.  6. Manage any neighbour issues in shared or non-shared housing  Choose an item.  7. Identify and find resolution where offending behaviour may be affecting tenancy  Choose an item.  8. Monitor offending behaviour during support and contact statutory service when appropriate  Choose an item. |

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| Please provide any further information or identified support needs.  Click or tap here to enter text. |

# Section 13. Consent

1. Do you / does the individual give consent for this referral for Housing Support?

Choose an item.

2. Do you / does the individual give consent for the Housing support provider to act on their behalf in respect of this referral?

Choose an item.