Please return this form to:

Supporting People Team

Brynglas House, Brynglas Road

Newport, NP20 5QU

Tel: 01633 656656

**E-mail:** [**newport.gateway@newport.gov.uk**](mailto:newport.gateway@newport.gov.uk)

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## 

## Floating Support - Self Referral & Risk Form (FS2)

Please complete as much of this form as possible -

missing information may result in a delay in processing this referral

**This referral form is available in Welsh on request to the Supporting People team above.**

**Your details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Name: | |  | |
| Date of birth |  | ID no:  (Office Use Only) | |  | |
| Address: |  | | | | |
| Landline no: |  | | Mobile no: | |  |

**How should we contact you (please tick all that apply)**:

Letter  Landline  Mobile

**Please state the type of accommodation in which you live**:

Housing Association tenant  Private tenant

Owner occupier  Living with family

Living or staying with friends  No fixed abode/homeless

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you currently receive a service/help from any other agencies?** (please tick as appropriate):

Community Psychiatric Nurse  Social Services

Homelessness Service  Youth Offending Service

Probation Service  Health Worker/Visitor

Other (please detail below):

|  |
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**Communication:**

Are you able to communicate in English? YES/NO

Do you require a BSL worker? (please provide details below) YES/NO

Do you require a translation service? (please provide details below) YES/NO

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**Who else lives with you?**

|  |  |  |
| --- | --- | --- |
| **Name** | **DOB** | **Relationship to you** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**Housing-Related Support Needs:**

In what areas do you feel you need support? (**please tick all that apply**):

|  |  |
| --- | --- |
| Risks to personal/family safety (including domestic abuse and anti-social behaviour) |  |
| Housing or tenancy issues (i.e. problems with landlord, eviction notice etc.) |  |
| Finding a more appropriate home (including Sheltered) |  |
| Community/neighbourhood issues |  |
| Managing money/budgeting including debt/rent arrears |  |
| Obtaining housing aids or adaptations |  |
| Completing forms and/or dealing with correspondence |  |
| Help with benefit claims |  |
| Managing drug or alcohol use/issues that are impacting on your tenancy |  |
| Help to manage your mental and/or physical heath |  |

**Based on the above, please write a brief overview below of your housing situation.**

**Things to consider can be:**

* *Are you facing eviction or repossession?*
* *Brief details of any financial issues you may be experiencing that are impacting on your ability to manage your household*
* *Do you feel your current home is suitable? If not, why not.*

**Please note that not completing this section may result in a delay in processing your application.**

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**Please tick if you have or have ever had issues with the following:**

|  |  |
| --- | --- |
| Domestic abuse |  |
| Learning difficulties/autism |  |
| Mental health issues |  |
| Alcohol issues |  |
| Substance misuse issues |  |
| A criminal offending history |  |
| Physical disabilities |  |
| Sensory disabilities (Sight/hearing) |  |
| Memory Loss / Dementia |  |
| Chronic illness |  |
| HIV/AIDS |  |

**Are you**:

|  |  |
| --- | --- |
| A young person leaving care |  |
| A young person aged 16 to 24 with support needs |  |
| A single parent family with support needs |  |
| A family with support needs |  |
| A single person aged 25 to 54 with support needs |  |
| A person over 55 with support needs |  |
| An asylum seeker/refugee |  |
| An EEA migrant |  |

**Risk Information:**

Before we can process your referral we need to know if there are any risks which could affect you or the support worker who may visit you. It will help us to process your referral if you give as much information as possible. We may have to contact you for more details.

**Please tick any risk issues known to you concerning**:

|  |  |  |  |
| --- | --- | --- | --- |
| Safety of your home or the surrounding area |  | Inappropriate, aggressive or violent behaviour (by yourself or other members of your household) |  |
| Neighbours |  | Drug/Alcohol issues |  |
| Mental Health (i.e. suicide, self harm, phobias, etc.) |  | Inappropriate relationships/visitors to your home |  |
| Pets |  | Other (please state below) |  |

**If you have ticked any of the above, please give us more details below:**

|  |
| --- |
|  |

**Please indicate below your ethnic origin (optional)**:

White British  White (non-British)

Asian or Asian British  Black or Black British

Mixed Origin  Other (please state below)

|  |
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|  |

**Consent to Share Information:**

|  |
| --- |
| Do you understand that information contained within this document will be held by the Supporting People Team and forwarded to our contracted support providers and may be shared with other agencies, in line with the General Data Protection Regulation 2018? Yes  No |

**Signature:**

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Supporting People Team**

**at the address on the front of the form**

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*To be completed by the Supporting People Team:*

|  |
| --- |
| *Risks checked on Housing Database: Yes*  *No*  *N/a* |
| *Specific risks identified by the Supporting People Team: Yes*  *No* |
| *Any further information from Supporting People Team to be considered prior to assessment:* |
|  |
| *Acknowledgement text sent to applicant, with contact date: Yes*  *No* |
| *Added to Civica: Yes*  *No* |