



Please send this form to:
E-mail: floating.support@newport.gov.uk
(01633 656656)

Housing-Related Floating Support Referral Form (FS1)

Referrer details

Name of referrer:		Date of Referral:	
Position:		Agency:	
Contact number:		E-mail:	

Which Service?

Please note that Supporting People Team may direct this referral to the most appropriate service and not necessarily as you indicate below.

1	generic service (service provided by Taff's The Lighthouse Project or Reach)	<input type="checkbox"/>
2	for people experiencing issues with alcohol (service provided by Kaleidoscope Project)	<input type="checkbox"/>
3	for people experiencing issues with memory loss and/or dementia (service provided by Reach)	<input type="checkbox"/>
4	for people experiencing issues with domestic abuse (service provided by Llamau)	<input type="checkbox"/>
5	for people with an autistic spectrum condition (service provided by Reach)	<input type="checkbox"/>

Applicant details

Name:			
DOB:		SWIFT Number (if applicable):	
Address:			
Email Address:			
Contact telephone number:			
Preferred method of contact:			
Indicate need/issues of the applicant:	Domestic Abuse	<input type="checkbox"/>	Chronic Illness (inc HIV & AIDS) <input type="checkbox"/>
	Learning Disability	<input type="checkbox"/>	Young Care Leavers <input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	Young People (16 to 24 years) <input type="checkbox"/>
	Alcohol	<input type="checkbox"/>	Single Parent Families <input type="checkbox"/>
	Substance Misuse	<input type="checkbox"/>	Families <input type="checkbox"/>
	Criminal Offending History	<input type="checkbox"/>	Single People (25 to 54 years) <input type="checkbox"/>
	Refugee Status	<input type="checkbox"/>	People aged 55+ <input type="checkbox"/>
	Physical/Sensory Disabilities	<input type="checkbox"/>	Memory Loss/Dementia <input type="checkbox"/>
	Developmental Disorder	<input type="checkbox"/>	Generic <input type="checkbox"/>
Does the applicant have any communication issues (eg translation service or BSL interpreter required)?			

<p>Brief overview of reasons for referral</p> <p><i>Please remember that the main aims of these services are to support people to maintain/manage accommodation and independence.</i></p> <p>Note: this referral will not be processed unless this section is complete.</p>	
<p>Are there any known risks to the applicant?</p> <p>Note: this referral will not be processed unless this section is complete.</p>	
<p>Are there any known/potential risks to staff when visiting the applicant?</p> <p><i>Please indicate if joint visit or an appointment at the Information Station should be undertaken)?</i></p> <p>Note: this referral will not be processed unless this section is complete.</p>	
<p>Has the applicant consented to you sending this referral, along with the information contained, to the Council's Supporting People Team? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Have you advised and sought agreement from the applicant that information contained within this document will be forwarded to contracted support providers and may be shared with other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must state that verbal consent has been given for a referral to be made.

Applicant's Signature:		Date:	
Or applicant's verbal consent to referral:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referrer's Signature:		Date:	

Please send completed form to the Supporting People Team (floating.support@newport.gov.uk). On receipt the applicant will be contacted in order to obtain additional information / to undertake a full assessment of need.

To be completed by the Supporting People Team:

Risks checked on Social Services Database: Yes No N/A

Specific/additional risks identified by the SP Team: Yes No

Details:

Other SP services received (if known): Yes No

Details:

Referrer updated: Yes No

'Live' spreadsheet updated: Yes No

Other Relevant Information:

Case note added: Yes No

Referral e-mailed to Support Provider (if appropriate): Yes No N/A

Or

Appointment made for SP assessment: Yes No N/A