

Sandwell Floating Support Service



Referral Form

Sandwell's Floating Support Service provides housing-related support to vulnerable people to either remain in their homes and maintain their independence or resettlement back into the community and become independent. The support we offer is designed to help people develop the skills they need to run a home, stay safe, be healthy, and as well as participating in work, volunteering or social activities that make them feel part of their local community. The support we provide will be different for each person as it is designed to specifically meet that person's individual need.

Privacy Notice

To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at <http://www.sandwell.gov.uk/privacynotices>

Are you eligible for the service - please tick all that apply.

	You must be either resident in Sandwell or placed out of borough in temporary accommodation by the Housing Options service or Sandwell MBC.
	You must have access to welfare benefits.
	You should be aged 18 or over (there is no upper age limit).
	Young people aged between 16 and 17 will be considered who have been granted an independent tenancy or home and need support to sustain their accommodation.

Referral

We would like you to answer some questions to help you decide whether you need to be referred to the service.

REFERRAL DETAILS	
Client Name	
Client Date of Birth	
Client Address	
Client Telephone number	
Client NHS Number	

Client Ethnicity			
Client Religion			
1st Language:		Interpreter needed	Y/N
Referral Date			
Capacity: Do you have capacity to make informed decisions about your own well-being? Tick as appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>			
Do you want us to liaise with anyone else on your behalf if we need to arrange an assessment? Tick as appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the person's contact name and telephone number below:			
Are there any risks that we should be aware of? Tick as appropriate: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please tell us more below:			

Please tick yes or no to the statement that applies to you; if you don't answer these questions we will not be able to accept your referral:

CRITERIA	Yes	No
1. I am homeless and have been placed in temporary accommodation by the Local Authority		
2. I am homeless and have been awarded a priority by the Local Authority for housing and need support to re-settle		
3. I am at risk of homelessness (for example I am not managing in my current home and at risk of losing the place I currently live in)		
4. I would not be able to move in to more independent accommodation without support (for example I am moving from supported or semi supported housing or I am an offender leaving prison and need help to resettle)		

5. I am at significant risk of harm (for example safeguarding, domestic abuse, harassment due to vulnerability, race or culture)		
6. I need support following discharge from hospital (for example to enable me to re-settle back into my home and have no family, friends or support to help me)		
7. I need support to prevent the risk of admission to hospital or similar (with appropriate support I can remain at home and receive treatment and I have no family, friends or other support to help me)		

If none of the above statements apply to you then we will not be able to consider you for the Floating Support Service.

If you have answered **YES** to any of the above statements, please continue to tell us a bit more about your situation.

Please tick to indicate which particular area is making you feel vulnerable at the moment:	
	Mental health
	Learning Disability
	Substance Misuse
	Homeless
	Leaving Care
	Domestic Abuse
	Family with children who are at risk of higher intervention (Children's services involvement/youth offending)

Please tell us what outcome you want to achieve to maintain your own well-being: if we accept your referral for assessment we will discuss this in more detail at your face to face interview.

Outcome	Yes	No
1. To support me to establish and maintain a successful tenancy due to Homelessness		
2. To support me to establish and maintain a successful tenancy as I am at risk of becoming homeless		
3. To assist me to resettlement into more suitable accommodation		
4. I require support from risk of harm		
5. I require support to assist with my discharge from hospital as I have no family support/network		
6. I require support with my physical and mental wellbeing to prevent my condition deteriorating and the impact this may have		

Please add any further information you wish to share to help us consider your referral:

Authority to Act on Behalf of and request information:

Finally, please confirm that you authorise the Floating Support Service to contact and request information and to act on your behalf with agencies and authorities as necessary

Signed _____ Date _____

Please complete below if you have completed this referral on behalf of the client:

Name _____
Contact Number _____
Relationship _____
Profession _____

When complete, please return to Floating_Support@sandwell.gov.uk

Office Use only:	Date Referral received:
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Delete as appropriate: Accepted / Rejected for assessment

If rejected: Date letter sent informing client of decision not to offer service:

Referral accepted, date allocated to assessor and assessors name:

Client ID Number: