**Referral for Floating Support and Mediation Services**

Referrals to be sent to **hrfss@connexus-group.co.uk**

**Triage will be completed with Customer to Identify support Need area.**

**Areas marked \* are Mandatory – forms without this data cannot be processed and will be returned to you**

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| **Client Information** |
| \*Name: |  |
| \*Address: |  |
| \*Postcode: |  | \*Contact No: |  |
| Email:Preferred method of contact: |  | Home Point Ref No. |  |
| **\*** NI Number: |  | Nationality: |  |
| \* Date of Birth: |  | Age: |  |
| **\*** N.O.K Details & Relationship to client |  |
| **\*** Gender: **Please select** |  Male Female Transgender Gender NonconformingOther Gender Identity Please state: |
| Does the applicant need someone to use sign language for them? |  Yes / No  |  |
| Does the applicant need information n in Braille? | Yes / No  |  |
| \*Does the applicant need an interpreter/Language line? |  Yes / No  |  |
| Does the applicant have right of residency in the UK? |  Yes / No  |  |
| Does the applicant have recourse to public funds? |  Yes / No  |  |
| \*Does the applicant consider themselves to have a disability? | Yes / No**If yes, please give details below.** |
| \*Details of Disability and any adaptations needed to help them manage in a property: |
| \***Referring Agency:**  |  | \*Date: |  |
| \*Contact Name: |  | \*Contact No: |  |
| \*Email: |  |
| Address: |  |
| \*Do you consider this referral urgent? (Needs actioning today-currently 16-17 yrs & immediate risk of homelessness)  |  Yes / No  |
| \*If yes – Please give reason why:  |
| \***Has a potential need for a Safeguarding referral been identified**? |  Yes / No |
| If so, has an initial referral been made? |  Yes / No |
| \*Does the individual pose a potential risk to themselves or others? |  Yes / No  |
| If Yes, what potential risk/s have been identified? Give details;  |

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| **Risk Indicators** |
| \*This information is required to allow support staff to prepare for the assessment interview fully. Please give as much detail as possible. With this application is there any history or evidence of the following, either by or to the applicant? |
|  | Yes | No | Don’t Know |  | Yes | No | Don’t Know |
| Aggression/Violence (Victim) |  |  |  | Self-Harm |  |  |  |
| Aggression/Violence(Perpetrator) |  |  |  | Sex Offences (Victim) |  |  |  |
| Bullying/Harassment (Victim) |  |  |  | Sex Offences (Perpetrator) |  |  |  |
| Bullying/Harassment (Perpetrator) |  |  |  | Theft |  |  |  |
| Arson |  |  |  | Weapons |  |  |  |
| Domestic Abuse or Coercive Control |  |  |  | Safeguarding Concerns |  |  |  |
| Substance / Alcohol Use (current) |  |  |  | Hate Crimes (victim) |  |  |  |
| Substance / Alcohol Use (historic) |  |  |  | Hate Crimes (perpetrator) |  |  |  |
| Exploitation(e.g. any history of CCE/CSE) |  |  |  | PREVENT(e.g. Idealisation, radicalisation, Extremism etc) |  |  |  |
| Criminal offences (warnings or convictions)  |  |  |  | Other – please specify |  |  |  |
| If yes to any of the above, please give further information:  |

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| **\* Current Support Needs which have been identified** **(Tick all that apply)** |
| **Housing Situation** | **Staying Safe** |
| Tenancy failing |  | Risk of domestic abuse |  |
| Homeless |  | Risk of harm from others |  |
| Risk of homelessness  |  | Risk of self-harm |  |
| Sofa surfing |  | Risk of offending |  |
| Unsuccessful move to new accommodation |  |  |
| Delayed move to new accommodation |  | **Relationships** |
|  | Breakdown with relationships |  |
| **Life Skills and Future Planning** | Conflict within family/partner |  |
| Prevent deteriorating financial position. |  | Unable to remain in current accommodation |  |
| Access to employment |  |  |
| Access to education, training, and volunteering. |  |  |
| Teaching/Enhancing Life Skills |  |  |

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| **Reason for Referral & Relevant Information**  |
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| **\*Data Protection** *The person named (Applicant) on this form must be aware of this referral and give permission to share this information with relevant agencies relating to this referral.* \*Has permission to share data been given? Y / N The information recorded about the applicant on this form will be shared amongst representatives of local housing and related agencies to ensure the best use of local resources to meet their needs. This will normally be at one joint meeting. Copies of the referral form will only be held by the Service Provider(s) and the organisation completing this referral once a decision about accommodation and support has been made.I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false, any service or offer of service, including housing may be withdrawn, or if I have already moved into a service, legal action may be taken, which may result in the requirement to move out. |
| **\*Applicant Name:** |  | **\*Date:** |  |
| **\*Form Completed by:** |  | **\*Date:** |  |
| **For queries or questions or encryption methods please contact Maggie Smith (Support Services Administrator) on 03332 313233 Email encrypted forms to** **HRFSS@connexus-group.co.uk** |

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| Connexus Housing Group is committed to a policy of Equal Opportunities. The purpose of the following questions is to help us monitor our equal opportunity policy to ensure that our service is accessible to all sections of the community. This is sensitive and personal data and will be treated with the utmost confidentiality in line with the requirements of Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The information will not be used in the assessment process.  |
| **Ethnic Origin – How would the person being referred describe their ethnic origin?** |
|  **White** British Irish Gypsy/Roma Other | **Mixed Heritage** White and Asian White and Black Caribbean White and Black  African Other | **Asian, Asian British** Indian Pakistani  Bangladeshi Other | **Black, Black British** Caribbean African Other | **Chinese** Chinese |
|  **Any Other Ethnic Background**  |
| \***Disability – does the person being referred consider they have a disability?** Yes No Don’t know**If yes, please indicate type of disability below:** |
|  Physical Disability Learning Difficulties Mental Health Problems |  Chronic Ill Health Sensory Impairment HIV / AIDS |  Mobility Problems Other Disability Registered Disabled |