

DISC Floating Support Partnership Referral Form



Referring Agent details

Name	Office Address	
Job Role	Post Code	
Referring Agency	Tel	Fax
Department	email	

Applicant details

Name	Gender	Date of Birth
Permanent Address		
Post Code	Phone Number	
Can we contact the service user at this address / on this number safely? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current Address (if different to the address listed above)		
Post Code	Phone Number	
Can we contact the service user at this address / on this number safely? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tenure of property (at which the applicant is currently living)		<input type="checkbox"/> Hospital <input type="checkbox"/> Prison <input type="checkbox"/> Approved Probation Hostel <input type="checkbox"/> Children's home/foster care <input type="checkbox"/> Bed and breakfast <input type="checkbox"/> Short life housing <input type="checkbox"/> Living with family <input type="checkbox"/> Living with friends <input type="checkbox"/> Mobile Home/Caravan <input type="checkbox"/> Any other temp accommodation <input type="checkbox"/> Home Office Asylum Support <input type="checkbox"/> Rough sleeping <input type="checkbox"/> Other
<input type="checkbox"/> Local authority general needs tenancy <input type="checkbox"/> Housing association general needs tenancy <input type="checkbox"/> Private sector tenancy <input type="checkbox"/> Tied housing or rented with job <input type="checkbox"/> Owner occupation (private) <input type="checkbox"/> Owner occupation (low cost home ownership) <input type="checkbox"/> Supported housing <input type="checkbox"/> Direct access hostel <input type="checkbox"/> Women's refuge <input type="checkbox"/> Foyer <input type="checkbox"/> Housing for older people <input type="checkbox"/> Residential care home		

DISC Floating Support Partnership can only accept referrals where the applicant is aware of, and has consented to the referral being made. Please sign below to indicate the applicant has agreed to this referral -

Referrer's name:

Signature:

Other people that live with the applicant

Name	Date of birth	Relationship to applicant

Applicant's language(s) spoken or preferred language:

Does the applicant use an interpreter or signer? Yes No

Does the applicant consider themselves to have a disability? Yes No

If yes please give details

Applicant's ethnic origin (as defined by applicant)

Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other	Black <input type="checkbox"/> African <input type="checkbox"/> Caribbean
Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Other	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Other
White <input type="checkbox"/> White British <input type="checkbox"/> Eastern European <input type="checkbox"/> White Irish <input type="checkbox"/> White Other	<input type="checkbox"/> Prefer not to state

Does the applicant have any religious or spiritual needs? Yes No if so, what are these needs?

Please give the details of other services involved with the applicant, for example other support services or statutory bodies

Agency	Contact Name	Nature of Involvement	Contact details

Risk Identification

Our staff work in service user's homes, usually in a lone working capacity. Are you aware of any potential risks to our staff from the applicant, the applicant's home or other members of the applicant's household or visitors to the home? If so please detail these risks below. If your service has completed a risk assessment with the applicant then please attach the risk assessment to this referral form. Please do not leave this box blank – if you are not aware of any risk please state this. We are unable to process this referral without the completion of this section.

do not leave blank

DISC Floating Support Partnership is made up of a number of providers with different specialisms. The following 3 sections enable Compass to allocate this referral to the most appropriate provider. Choices should be made in conjunction with the applicant.

Section 1 - Applicant's areas of need

Please indicate below the applicants areas of need -

- Maximise income, including receipt of correct welfare benefits
- Reduce overall debt
- Obtain paid work
- Participate in training and/or education
- Participate in leisure /cultural / faith and /or informal learning activities
- Participate in work-like activities, (unpaid work/ experience /voluntary work)
- Establish contact with external services /groups /friends /family
- Better manage physical health
- Better manage mental health
- Better manage substance misuse issues
- Assistive technology/aids and adaptations to help maintain independence
- Maintain and/or obtain accommodation and avoid eviction
- Comply with statutory orders /related processes in relation to offending behaviour
- Better manage self harm
- Avoid causing harm to others
- Minimise harm / risk of harm from others
- Developing confidence and ability to have greater choice and / or control and / or involvement

Please give further details relating to the above needs

Section 2 – Applicant’s Client Group.

From the list below, in consultation with the applicant, please indicate all the groups relevant to the applicant’s situation.

<input type="checkbox"/> Homelessness (including prevention of homelessness)	<input type="checkbox"/> Older People
<input type="checkbox"/> Mental Health Problems	<input type="checkbox"/> Teenage Parents
<input type="checkbox"/> Young People	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> People with HIV / AIDS
<input type="checkbox"/> Substance Misuse (Alcohol and Drug problems)	<input type="checkbox"/> Asylum Seekers / Refugees
<input type="checkbox"/> Offenders (or at risk of offending)	<input type="checkbox"/> Gypsies / Travellers
<input type="checkbox"/> Disability	

Of your selections above, please indicate the most relevant group to the applicant’s situation. This will allow us, where possible, to allocate to the most relevant service within our partnership to meet the applicant’s needs.

Most relevant client group _____

Please use the space below to give reasons for the selections made.

Section 3 - Priority of referral

In times of high demand for our service when operating a waiting list, it is essential Compass prioritise applicants with the greatest level of need. Our prioritisation criteria are listed below. In conjunction with the applicant, please indicate which of the criteria listed below are relevant to the applicant's situation (you may indicate multiple areas)

High

- Threat of eviction due to rent or mortgage arrears, offending behaviours/anti social behaviours
- Currently experiencing Domestic Violence or harassment
- Young person under 18 years of age/including lone parents
- Rough Sleepers, first tenancy, setting up new dwelling or going to move on accommodation or moving from other accommodation based housing related support service
- Vulnerable due to having been institutionalised, e.g. prison, hospital, residential care, Local Authority Care (but are no longer the responsibility of the Authority)

Medium

- Help in managing finances (including welfare benefit claims, managing rent and mortgage arrears and budgeting assistance)
- Where someone lacks parenting skills (teenage parent/new parent), or life skills including lack of skills leading to offending or anti-social behaviours

Low

- Advice, advocacy and liaison (including gaining access to other services)

Please use this space to give any further information relating to the applicant's situation

Please send this form by email, post or fax to:

Compass
DISC Ltd
Quayside Court
Riversway
Preston, PR2 2YP

Tel: **01772 723061**
Fax: **01772 325349**
Email: compass@disc-vol.org.uk