

Oxfordshire Common Referral Form for Floating Support Services

Please complete this form to refer someone for floating support (please use our self-referral form if you wish to refer yourself)

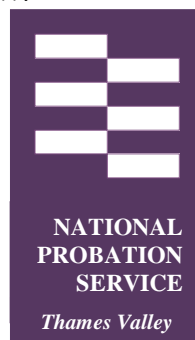
Generic Floating Support: Connection



Generic Floating Support: Stonham



In Partnership With



Connection: Main Office, Pathway Building, Dunnock Way, Blackbird Leys, OX4 7EX
Tel: 01865 711 267

Stonham: 213 Barns Road, Cowley, Oxford, OX4 3UJ Tel: 01865 335335

- The support these services can offer is detailed in the individual leaflets for each service. Please contact the particular services above if you need these. You must feel confident that the person being referred will be able to benefit from planned support over a period of time.
- All the questions asked are to help the support services assess what support is needed and how they can deliver it, so please complete the form with as much detail as you can. In order to help the assessment you need to be honest in your answers- the information is needed to ensure the person referred is not offered inappropriate services
- The information you provide is strictly confidential. The only exceptions to this are where the health and safety of staff, clients or members of the public are seriously at risk. In this case the services must pass on information to other agencies as necessary and as appropriate.
- If you would like to discuss completing this form, please telephone the relevant service on the above numbers. Self referrals are also accepted (please use dedicated Self Referral Form also available through contacting the services above).
- MIND are delivering a specialist mental health floating support service in Oxford City for Oxford City residents. For further information or an application form please call: 01865 723 359

Copy sent to relevant Oxfordshire District/City Council YES

Date:

Is the Applicant registered on the Council's Waiting List? Yes/No

Date of Referral:
Referred By - Name: Agency:
Tel: Email:
Address:

Applicants Details

Name(s):
Contact Address:
.....
.....
Telephone No's: (M).....(H)
D.O.B: Age: National Insurance No:
Gender: Male/Female Are you a care leaver? YES/NO
Current Landlord (if applicable):
Can they be contacted? YES/NO Tel:
Emergency Contact Details: Name: Tel:
Relationship:

Please tick that which you feel best describes you:

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Black Caribbean/African	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Asian British	<input type="checkbox"/>	Indian/Pakistani/Bangladeshi	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>			

Are you pregnant? YES/NO
 If YES, when is your baby due?
 Do you have children? YES/NO
 Are you their main carer? YES/NO

Details of child(ren) in your care

Full Names	D.O.B	Sex

Are you applying to be housed as a single person or a couple?

Where do you currently live?
 How long?

Where have you been living over the past twelve months?

Dates - From To

Address

Reason for leaving

Dates - From To

Address

Reason for leaving

Dates - From To

Address

Reason for leaving

Are you attending school/college YES/NO

Are you currently in receipt of Housing Benefit? YES/NO

Are you in employment? YES/NO

What benefits are you receiving?

.....

Are you registered disabled? YES/NO

Wheelchair user Visual Impairment Learning Difficulties

Hearing Impairment

Do you consider yourself to have any other physical disabilities? YES/NO

Details:

.....
.....

What is your previous experience with the following?

	Can Manage	Need Support	No Experience
Reading/Writing/Maths			
Budgeting			
Shopping and Cooking			
Cleaning			
Getting training/education			
Getting a job			
Health Care for yourself			
Health Care for your children			
Parenting Skills			
Making friends			
Improving confidence			
Settling arguments			
Tenancy Sustainment			

Do you suffer from or have you previously experienced any mental health difficulties? YES/NO

Please describe any history of these, or support you have had

.....
.....
.....
.....

Please detail any medication you are currently taking?

.....
.....

How would you describe your current mental health?.....

.....
.....
.....

Are you suffering from ill health at present or any other medical condition? YES/NO

If YES, please specify

.....

Are you currently taking prescribed medication? YES/NO (please give details)

.....
.....

Can you manage this medication yourself? YES/NO

What symptoms occur when the medication is not taken?

.....
.....

Are you receiving any therapeutic support/counselling? YES/NO (please give details)

.....
.....

Do you have any current/previous problems around substance misuse? YES/NO

Substance Misused	Current	Previous	Frequency	Cost Per Week
Cannabis				
Amphetamine				
Ecstasy				
Heroin				
Crack				
Alcohol				
Glue/Gas				
Prescription Drugs				
Other (please specify)				

How is the substance misuse funded?

Would you be willing to engage with a substance misuse worker? YES/NO

Do you have a history of offending? YES/NO

Any convictions Court date pending Cautions

Please give full details of the charges and the Officer involved:

.....
.....
.....

In contact with YOT/Probation

Details of all convictions/cautions

Theft Violence Drug related Arson

Vehicle related Sexual Other (please specify below)

Details:
.....
.....

Are there any licence conditions or other restrictions placed on you that we should know about? YES/NO

If so, please give details:
.....
.....

Consent To Share Information

In some instances, the projects you are applying to may need to contact other agencies for information to support your application and to ensure that you receive the best support possible. Please look at the list below and let us know which of the following agencies you are happy to be contacted:

I of
Name Address

Give my permission for the agencies that I have initialled in the boxes below, to contact each other for information relating to my support needs and benefit enquiries.

- Relevant Oxfordshire District/City Council - Housing/Housing Benefit/Council Tax Offices
Relevant Service Provider Organisations
Social Services Personal GP
Community Mental Health Team Midwife/Health Visitor
YOT/Probation Citizens Advice Bureau
Thames Valley Police Connexions
Accommodation Panel Other Supporting Agencies (please list)

Name and Address of person who can be contacted or for a reference:.....
.....
.....

Signed: Date:

Are there any reasons why it might be unsafe for the support worker to visit you alone?
 E.g. have you been violent to anyone in the past, do you have problematic friends or do you use unprescribed drugs? Yes / No

If the answer is yes, please tell us more about this. You may still be offered an assessment and ongoing support but we will discuss the best way to do this.

.....

Name of any current support contacts (e.g. G.P./ social worker / community nurse)

Name:
 Tel. No:
 Address:

Name:
 Tel. No:
 Address:

We may contact the support contact listed above before we come out to see you.

		Action:			
Received by:	Date:	Assessment	Waiting List	Passed To	Date

Accommodation Based Support

Contact List of names, address and phones for accommodation based support services.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Floating Support Teams

Contact List of names, address and phones for Floating support services.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10