



Oxfordshire Common Referral Form For Floating Support Services

- Please tick if you prefer to receive floating support from Connection
- Please tick if you prefer to receive floating support from Stonham
 - Please tick if you have no preference

What is floating support?

- It is a flexible service for people who find it difficult to cope in their own home
- It helps improve independent living skills

Who is the service for?

- People aged 16 and over
- Single people, couples and families
- Anyone living in Oxfordshire, even if you own your own home
- The homeless

What support do we offer?

- Support to keep your home
- Money management, bills and debt
- Help with benefit claims
- Help with setting up in your new home
- Help with education, training, voluntary work and employment
- Information on local community facilities or services
- Information on specialist services
- Help in a crisis
- Help with self confidence and motivation

We do not

- Provide accommodation
- Help with personal care, shopping, cooking and cleaning.

How can I get support?

- Complete the referral form by yourself or get someone to help you
- The questions help us to assess your support needs
- The information you provide is confidential. Only in an exceptional circumstance will this be passed to another agency
- If you wish to discuss this form please contact Connection or Stonham

Who runs the service?

- Connection and Stonham are independent organisations which provide floating support in Oxfordshire
- A specialist mental health support service for people in Oxford City is provided by MIND. Please contact them on 01865 263759 if you want more information or a referral form.

Where do I send this referral form?

- Please tick one box on the front page of the form to indicate if you have a preference in who provides your support.
- If you want Connection to support you send the form to their address
- If you want Stonham to support you send the form to their address
- If you have no preference send the form to either address

What happens next?

- We may contact you for more information
- We will usually arrange to meet you to carry out an assessment
- We will then decide if we can offer you a service
- We will write to you to confirm this

Health Information

Please give details of any disability (including a learning disability)?

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Please give details of any physical health problems?

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Please give details of any mental health problems?

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Criminal convictions

Do you have a history of offending? YES / NO

If yes, what was the nature of the offence(s)?

- Theft Violence Drug related Arson
Vehicle related Sexual Other (please specify below)

Please provide details, including the date of the last offence:

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.....
.....

Are there any licence conditions or other restrictions placed on you? YES / NO

If so, please give details:

.....

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Are there any reasons why it might be unsafe for a support worker to visit you at home alone? (for example, if you have a history of threatening or violent behaviour, if you use unprescribed/illegal drugs, or if you have other people regularly at your home who may have these problems)?

YES / NO / DON'T KNOW

If the answer is yes, please give details. We need this information to decide how to offer support::

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Referral completed by:

Print Name: Date:.....

Please note that we cannot accept referrals without the applicant's consent. If you have completed this referral for someone else, please ask them to sign here:

Applicants signature:.....Date.....

Or tick here to confirm that they are aware of this referral

Referrers signature:Date:.....

Client Consent To Share Information

In some instances, the services 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 we can contact.

I of
Name *Address*

Give my permission for Stonham and Connection to share information with each other and for them to exchange information with the agencies that I have ticked in the boxes below, in relation to my support needs and safety issues. I also agree that my information may be shared for audit purposes with Supporting People at Oxfordshire County Council who fund our services.

Relevant Housing/Housing Benefit / Council Tax Offices

Landlord

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Social & Community Services
(Social Services)

Personal GP

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Community Mental Health Team

Midwife / Health Visitor

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YOT / Probation

Citizens Advice Bureau

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Thames Valley Police

Connexions

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Accommodation Panel

Other Supporting Agencies (please list)

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Client Signature: Date:

About your ethnic origin

This page is for monitoring purposes only and is not part of the assessment.

Please tick which you feel describes you best:

White: British: Irish: Other:

Mixed: White & Black Caribbean White & Black African
White & Asian Other

Asian or Asian British: Indian Pakistani Bangladeshi Other:

Black or Black British: Caribbean African Other:

Chinese or other ethnic group: Chinese Other

Gypsy, Romany, Irish Traveller:

Other (please specify):.....

I do not wish to answer;

Please send your completed referral form to

Connection:

Main Office, Pathway Building, Dunnock Way, Blackbird Leys, Oxford, OX4 7EX
Tel: 01865 711267
Fax: 01865 395444
Email: enquiries@connectionfs.org

Stonham:

Oxford City/South Oxfordshire/Vale of White Horse area referrals to:
213 Barns Road
Cowley
Oxford
OX4 3UT
Tel: 01865 335334
Fax: 01865 335321
Email: FSOxon@homegroup.org.uk

Cherwell/West Oxfordshire referrals to:
Ground Floor,
14 Church Green
Witney
Oxon
OX28 4AW
Tel: 01993 864936
Fax: 01993862884
Email: FSOxon@homegroup.org.uk

In Partnership with

