



WEST OXFORDSHIRE
DISTRICT COUNCIL

Stonham
part of
home

a2dominion

Connection
The Floating Support Team

West Oxfordshire Common Supported Referral Form

This form to be used in West Oxfordshire for Referral for Supported Housing Projects and or Floating Support.
Please tick the boxes of the projects where referral is to be made.

Supported Housing Projects

Stonham Support Projects

- Miles Project
Witney/Carterton/Chipping Norton
- Godstow Cottage
- Bramblings
- Hedgerows
Fax: 01993 849786

A2Dominion

- Witney Foyer
Fax: 01865 260599

Byhp

- Supported Lodgings

Floating Support

Stonham Housing

- Stonham Floating Support
Fax: 01993 862884

Connection Floating Support Team

- Generic Floating Support
Fax: 01993 700733

For longer term support for clients with a learning difficulty or a mental health diagnosis you can make a **separate referral to Advance Housing and Support**. A referral form can be downloaded from their web site www.advanceuk.org

West Oxfordshire Common Referral Form

The following information is needed so that the projects you are being referred to can make sure that they can offer the best possible service to all people from our community and is treated as strictly confidential. In order to help the assessment you need to be honest in your answers. The information is needed to ensure you are not offered inappropriate accommodation

Date of Referral:.....Referred by: Name.....

Agency Address:

.....

Tel:.....e-mail:.....

Applicant Details

Name (s).....

Contact Address:.....

.....

Can we write to you at this address? Yes/No

If No fixed address, please provide a Contact Address.....

.....

Tel: Mobile..... Home.....

DOB Age..... National Insurance No:.....

Gender: Male/Female Are you a care leaver? Yes/No

Are you attending school/college? Yes/No

Are you in employment? Yes/No

What benefits are you receiving:.....

.....

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

Please give details of child(ren) in your care?

Full Names	D.O.B	Sex

Address Details

Where do you currently live?.....

How long have you lived there?.....

Are you.... Living with family/living with friends/private renting/in temporary accommodation provided by the Council/a Tenant of a Housing Association- please specify which.....

Current Landlord (if applicable):.....

Can they be contacted? Yes/No Tel:.....

Previous Address

Where have you lived over the past 12 months?

Address:.....

From:..... to:.....Reason for leaving.....

Address:.....

From:.....to:.....Reason for leaving.....

Address:.....

From:..... to:.....Reason for leaving.....

Health Information

Do you consider yourself to have a disability? Yes/No

If yes, please give details.....

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Do you suffer from or have you previously experienced any mental health difficulties? Yes/No

If yes, please give details.....

.....

Are you suffering from ill health or any other medical condition at present? Yes/No

Are you taking any prescribed medication? Yes/No

Please give details:.....

.....

Are you receiving any therapeutic support/counselling? Yes/No

If yes, please give details:.....

.....

Who is your Doctor? Name:.....Address:.....

.....Tel:.....

Tell us of any other relevant health professionals, e.g. Health visitor/CPN etc

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Are there any reasons why it might be unsafe for the support worker to visit alone? Yes/No

If yes, please give details:.....

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Do you have any current or previous problems around substance misuse? Yes/No

Substance	current	Previous	Frequency	Cost per week
Cannabis				
Amphetamine				
Ecstasy				
Heroin				
Cocaine				
Crack				
Alcohol				
Glue/Gas				
Prescription drugs				
Ketamin				
Other (please specify)				

Would you be willing to engage with a substance misuse worker? Yes/No

Criminal Convictions

Do you have a history of offending? Yes/No

Do you have any criminal convictions/cautions? Yes/No

Nature of Offence(s):.....

Are you in contact with YOS or Probation: Yes/No

If yes, please give details:.....

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

If yes, please give details.....

About your ethnic origin

Please tick which you feel describes you best:

White British: White Irish: White Other:

Black British: Black Caribbean/African: Black Other:

Asian British: Indian/Pakistani/Bangladeshi: Asian Other:

Chinese: Gypsy/Traveller:

Other (please specify):.....

Additional Information

Please give as much information on the support you require. The list below is not complete, but gives an idea on the support available;

Budgeting/Financial problems/form filling/Preparing meals/Household Tasks/Liaising with agencies/shopping/Parenting skills/Health problems/Emotional support/Training/Careers/Literacy skills/Tenancy sustainment.

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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

Agree to this referral being made and understand what this means. I also give my permission for the agencies I have ticked in the boxes below to contact each other and share information relating to my support needs, Housing Application and benefit enquires;

- West Oxfordshire District Council - Housing/Housing Benefit/Council Tax
Cottsway /Vale Housing / Oxford Citizens Housing Association / Riverside Housing /
Charter Community Housing / A2Dominion / Home Group / Stonham Housing
- Oxfordshire County Council Social Services/
Supporting People Doctor
- Community Mental Health Team Health Visitor/Midwife
- YOS/Probation Citizen Advice Bureau
- Thames Valley Police Connexions
- Connection Floating Support Accommodation Panel
- Other supporting agencies (please list) Drug/Alcohol support
agencies (please list)

Name and address of person who can be contacted for a reference, this could be:
A family member/probation officer/youth worker/Doctor/Housing worker.

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Signed:.....Date:.....

Accommodation Based Support

Miles Project: 134/136 Corn Street, Witney, Oxon, OX28 6BY
Tel: 01993 700359 Fax: 01993 775550

6a Horsefair, Chipping Norton, Oxon, OX7 5AQ
Tel: 01608 645022 Fax: 01608 644897

Godstow: PO Box 93, Witney, Oxon, OX28 6WN
Tel: 01993 849763 Fax: 01993 849786

Bramblings: 53 Mallard Drive, Witney, Oxon, OX28 4EG
Tel: 01993 709964 Fax: 01993 864815

Hedgerows: Bramblebank, Madley Park, Witney, Oxon, OX28 1EQ
Tel: 01993 864815 Fax: 01993 864816

Foyer: West Oxon Foyer, Godstow Court, 5 West Way, Botley, Oxford
Tel: 01865 260533 Fax: 01865 260599

Floating Support Teams

Stonham Floating Support: 14 Church Green, Witney, Oxon, OX28 4AW
Tel: 01993 864936 Fax: 01993 862884

Connection Floating Support: Marlborough House, Marlborough Lane, Witney, Oxon.
Tel: 01993 709087 Fax: 01993 700733