



# Milton Keynes Common Referral Form for floating support services



### 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 the Borough of Milton Keynes, 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
- You can also telephone the office and we will help you complete the form over the phone
- 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 Milton Keynes Floating Support Service.

### Who runs the service?

- Connection and PACT are independent organisations which provide floating support in the Borough of Milton Keynes

### Where do I send this referral form?

- Please return the form to the address on the form.

### 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
- We can also help by signposting you to other services

Date of Referral: .....

Are you referring yourself? YES / NO

Referred By - Name: .....Agency:.....

Tel:.....Email:.....

Address:.....

**Applicants Details**

Name(s): .....

Contact Address: .....

.....

Partners Name (if applicable).....

Partners Address: .....

Telephone No's: (H)..... (M) .....

D.O.B:.....Age:..... National Insurance Number:.....

Email:.....

Gender: Male/Female Are you a care leaver? YES / NO

Emergency Contact Details: Name:.....Tel:.....

Relationship:.....

How would you prefer to be contacted?

.....

Are you threatened with immediate eviction? YES / NO If so, please give details on page 5

Are you pregnant? YES / NO If YES, when is your baby due?.....

Details of child(ren) in your care

.....

.....

.....

**Health Information**

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

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

Please give details of any physical health problems?

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

Please give details of any mental health problems?

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

**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:

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

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

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



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::

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

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 Connection and PACT 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 Milton Keynes Council who fund our services.

Relevant Housing/Housing Benefit / Council Tax Offices

Landlord

.....

Social & Community Services  
(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)

.....

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

**Milton Keynes Floating Support  
Unit R1/C  
MK2 Business Centre  
Barton Road  
Water Eaton  
Bletchley  
MK2 3HU**

**Tel: 01908 827351  
Fax: 01908 827357  
Email: [mkenquiries@connectionfs.org](mailto:mkenquiries@connectionfs.org)**

In Partnership with:

