FLOATING SUPPORT - REFERRAL FORM **V3. 21.6.12**

Surname		**First Name**		**Title**	
Date of Birth		**NI Number**			
Address			**Postcode**		
Contact Nos.					
Gender	☐ **MALE** ☐ **FEMALE**		**Ethnicity**		
Language support required	☐ **YES** ☐ **NO**		**Language**		

Current Accommodation

- ☐ Owner occupied
- ☐ Rented council
- ☐ Rented housing association
- ☐ Rented privately
- ☐ Temporary accommodation
- ☐ Residential care
- ☐ Sheltered housing
- ☐ Hospital
- ☐ Sleeping rough / precariously housed
- ☐ Other (please specify):

Is the applicant aware of referral? ☐ **YES** ☐ **NO**

Brief outline of client's circumstances (e.g. physical/mental health, disability/mobility, substance misuse, ability to cope, single or part of household, child protection/safeguarding issues):

Is there a current risk assessment? ☐ **YES** ☐ **NO**
(if yes, please attach the risk assessment in word or .pdf document)

Please assess risk to:

	Self	**Staff**	**Others**
HIGH			
MEDIUM			
LOW			

Give reasons for your assessment scores:

Are any other reports included with your referral: ☐ **YES** ☐ **NO**

Please state the names of these reports:

STATUTORY FRAMEWORKS

- ☐ Care Management (Social Services)
- ☐ Secondary mental health service
- ☐ Care Programme Approach
- ☐ Probation Service
- ☐ Youth Offending Team
- ☐ Drug Interventions Programme (DIP)
- ☐ Anti-Social Behaviour Order
- ☐ MAPPA
- ☐ MARAC
- ☐ Child In Need
- ☐ Child Protection
- ☐ Child In Care
- ☐ Care Leaver

If yes to any of the above, who is lead contact:

☐ Person completing this form (please enter contact details below)
☐ Other:

Name: **Role:** **Tel:**

CURRENT CARE / SUPPORT

Including Social Services, Mental Health services, G.P. / NHS, drug/alcohol services, housing officer, support worker, home carers, voluntary agency workers, family, friends and neighbours

Name	Address / Contact Telephone	Relationship

SHORT TERM OUTCOMES

Please choose the intended outcomes of support from the following list

☐ Maximise income including applying for welfare benefits
☐ Reducing debt
☐ Accessing employment, in training or education
☐ Accessing informal learning activities
☐ Accessing leisure/cultural/faith activities
☐ Participate in work-like activities, *e.g. unpaid/voluntary work/work experience*
☐ Establish contact with external services /groups /friends /family
☐ Accessing health services for better health (physical or mental health)
☐ Accessing services to enable him / her to overcome substance misuse issues
☐ Accessing assistive technology/aids and adaptations to maintain independence
☐ Access housing repairs, security at home
☐ Maintain accommodation and avoid eviction
☐ Access more appropriate accommodation
☐ Assistance with resettlement in new home
☐ Help to comply with statutory orders in relation to offending behaviour
☐ Avoid causing harm / risk to others
☐ Avoiding harm / risk of harm from others

Describe briefly key outcomes to be achieved by the service here:

1) .....

2) .....

3) .....

4) **.....**

Please estimate number of weeks intended duration of service
*(Please be advised Outreach Barnet short term service)***:** .....weeks

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REFERRER DETAILS

Name of referrer team / agency:
Referrer Name & Surname : **Role**:
Referrer Address:
Referrer Contact Number(s):
Email:
Signature:
Date:

Please email this form to Referrals@outreachbarnet.org.uk or fax us onto 020 8731 6840. You may alternatively post it to Outreach Barnet, PO Box 55319, London, N12 0YY.