



REFERRAL FORM

ON TRACK FLOATING SUPPORT

(Previously known as the Generic Floating Support Service)

The information on this form is confidential and will be used for the purpose of assessing your application for support from Colebrook Housing Society and delivering support if accepted. It will be stored in accordance with the Data Protection Act.

Are you eligible for this service? Please ✓ all that apply:

<input type="checkbox"/>	Are you a person with learning difficulties who does not meet the Learning Disability Partnership's eligibility criteria?
<input type="checkbox"/>	Are you a person who doesn't meet Plymouth's Fair Access to Care Criteria i.e. you don't have a social worker or care manager?
<input type="checkbox"/>	Do you have mental health related issues but don't meet the eligibility criteria for mental health services?
<input type="checkbox"/>	Are you a person with a physical disability and/or long term condition where no other specialist service exists?
<input type="checkbox"/>	Are you a vulnerable person who is not eligible for statutory services?
<input type="checkbox"/>	Are you over the age of 16?

Even if you do not meet the above criteria or are unsure whether you do or not, please contact us on 01752 205213 as we may still be able to help.

Applicant:

Name: _____ Date of referral: _____

Date of birth: _____ Age: _____

Current/contact address: _____

Telephone no: _____

E-mail address: _____





Referring agent:

Name: _____ Telephone no: _____

Address: _____

E-mail address: _____

I prefer to communicate: (✓ tick or ✗ cross)

<input type="checkbox"/> In person		<input type="checkbox"/> By letter		<input type="checkbox"/> By email	
<input type="checkbox"/> By phone		<input type="checkbox"/> Other			

SUPPORT INFORMATION: Do you have support needs in any of these areas? -

1. Finance Benefits, budgeting, savings, bill payments, debt etc

2. Training and education Accessing training or educational opportunities

3. Leisure hobbies, building confidence, joining clubs

4. Daily living skills managing day to day living, cooking, shopping, personal hygiene, diet, transport etc

5. Cultural, spiritual & faith access to religious organisations, info regarding festivals, translator services, activities relating to identity, sexuality awareness etc

6. Work activities Voluntary, unpaid, work placements, trainee placements

7. Mental and physical health needs managing medication, managing stress, anger & frustration, ability to talk about problems, help understanding diagnosis, physical health issues etc

8. Social skills ability to speak up, make complaints, maintaining relationships & boundaries etc

Please tick **all** of the housing related support needs below that apply to you:

- I am not managing in my home and am at risk of losing it
- I have a history of repeated and unplanned loss of accommodation
- I need to move and I need support to do this
- I need to move on from supported housing
- I need to leave hospital or residential care

Do you have any risks in these areas?

(Please tick)	Now	Past	Never	(Please tick)	Now	Past	Never
Debts/money management				Self-Neglect			
Drug misuse				Medication concerns			
Alcohol misuse				Mobility/Sensory needs			
Violent/Aggressive Behaviour				Criminal offences			
Suicide				Vulnerable to Exploitation			

Colebrook staff will help you develop a support workbook and will help you set targets in agreed areas. Please be aware that in your referral meeting you will be asked whether you are willing to work alongside staff in meeting these.

I need _____ hours of support per week.

Anything else you want to say to support your application for support:

Equal opportunities monitoring information - please complete the following to help us ensure that our service is accessible to everyone and that we don't discriminate. The data will only be used for monitoring purposes and will not be taken into account when accessing your referral.

How would you describe your ethnic origin?

- White British
 Irish
 Asian British
 Asian other
 Black British
 Black other
 Chinese
 Other

How would you describe your sexuality?

- Heterosexual
 Gay
 Lesbian
 Bisexual
 Trans-gendered

How would you describe your religion?

- None
 Christian (all denominations)
 Muslim
 Sikh
 Buddhist
 Hindu
 Jewish
 Other

Would you describe yourself as having a disability?

- Yes
 No
 Don't know

- If yes please tick all that apply:
 Mobility
 Mental Health
 Visual Impairment
 Learning Disability
 Hearing Impairment
 Autistic Spectrum Condition
 Progressive disability/chronic illness (e.g. MS, Cancer)
 Other

Have you been convicted of any criminal offence, which is not considered spent under the Rehabilitation of Offenders Act 1974?

Yes No

If yes, please give details on a separate sheet and attach in a sealed envelope marked Confidential.

DECLARATION

To be signed by the applicant:

I _____, the applicant, have checked the information and answers and these are true and accurate to the best of my knowledge. I also give my consent that Colebrook Housing Society can contact the person who is referring me/supporting my application and to discuss any queries in my application and the outcomes of my application.

Signed: _____ Date: _____

To be signed by the person supporting/making the referral:

I have checked the information given and I support this application.

Signed: _____ Date: _____

Please note that referrals will be considered in relation to service criteria and support acceptance.

Due to the confidential nature of this information it is essential that this application is marked **Private and Confidential** and is returned to the address below for the attention of the Referrals Team:

Colebrook Housing Society, 3 Woodland Terrace, Greenbank, Plymouth, PL4 8NL

**PLEASE ENSURE THAT THE CORRECT POSTAGE IS USED AS THIS MAY DELAY
THE APPLICATION BEING RECEIVED**

Registered Office: 3 Woodland Terrace, Greenbank, Plymouth, PL4 8NL
Tel: (01752) 205210 Fax: (01752) 201716

www.colebrookhousing.co.uk