Camden Floating Support Service
Referral Form

Name of Service	Camden Floating Support Service		
Date of Referral		**Date Received**	

Please refer to service FSS leaflet for eligibility criteria before completing this form. Please ensure you complete all sections and provide all the necessary information. This will avoid any delay in our dealing with the referral.

Email Referrals to: FSSReferrals@camden.gov.uk

Tel: **020 7974 5366**

APPLICANTS DETAILS			
Applicant's Name			
Telephone Numbers			
Current Address			
Post Code			
Gender		Ethnic Origin	
Date of Birth		Is the client aware	Yes ☐ No ☐
Applicant's First Language?			
If not English, is help needed?		Yes ☐	No ☐
Does the Applicant have a disability?		Yes ☐	No ☐
If yes, please specify any adaptations/assistance required?			
Next of Kin			
Address			
Telephone Number			
Relationship			

WHAT IS THE RISK TO THE TENANCY?		
Primary (one only)	Secondary (one only)	
☐	☐	Households with support needs
☐	☐	Older people with support needs
☐	☐	Mental health issues
☐	☐	Learning disabilities
☐	☐	Physical health needs or sensory disability
☐	☐	Drug / alcohol problems

☐	☐	Offenders / people at risk of offending
☐	☐	Young people leaving care
☐	☐	At risk from domestic violence
☐	☐	Refugees and asylum seekers
☐	☐	Other: please specify……..

ECONOMIC STATUS			
Does the Applicant have recourse to public funds?	Yes ☐	No ☐	
Which best describes the Applicant ?			
Full time work (24 or more per week)	☐	Part Time Work	☐
Government Training / New Deal	☐	Job Seeker	☐
Retired	☐	Not seeking work	☐
Full Time Student	☐	Child Under 16	☐
Unable to Work – Sickness / Disability	☐	Other Adult	☐
Is the Applicant in receipt of?			
Job Seekers Allowance	☐	Income Support	☐
Employment and Support Allowance	☐	Retirement Pension	☐
Disability Living Allowance	☐	Other Benefits	☐
Universal Credit	☐		

BACKGROUND- TO CURRENT TENANCY RISK
Please state why the applicant is being referred to the service and how they will benefit from the support available?

REFERRAL AGENCY DETAILS			
Agency			
Address			
Postcode			
Telephone		Fax Number	
Email			
Staff Name		Role	
How long have you known the applicant?			
Please describe the service you provide to the applicant and whether this will continue if the applicant is accepted for this service?			

CURRENT HOUSING		
Please tick the box which best describes the applicants current housing situation		
☐ Housing Association tenant ☐ Local authority tenant (general needs) ☐ Private rented accommodation ☐ Owner occupier ☐ Temporary Accommodation ☐ Sheltered housing ☐ Direct access hostel ☐ Other (please specify)		
Does the Applicant currently hold a tenancy or licence?	Yes ☐	No ☐
Name and Address of Landlord		

OTHER AGENCIES INVOLVED IN THE APPLICANTS SUPPORT		
Does the applicant have contact with other agencies e.g. Social Services, Probation Service, Mental Health Services, Drug Services, Drop In Centres? Please give full details		
	Name, key contact, address and phone number	What support is provided and how often does the applicant have contact?
1		

2		
3		

Is the applicant			
Subject to the Mental Health CPA?		Yes ☐	No ☐
Subject to a Drug Interventions Programme?		Yes ☐	No ☐
If yes, please give details			
Subject of any Anti-Social Behaviour issues?		Yes ☐	No ☐
If yes, please give details			
an Ex-Offender or currently on Probation?		Yes ☐	No ☐
If yes, please give details			
Subject to MAPPA?		Yes ☐	No ☐
If yes, please give details			

RISK ASSESSMENT – TYPE OF RISK

☐ **Risk to self** ☐ **Risk to others**

Type of risk:

Yes	No	Unknown	
☐	☐	☐	Schedule 1/Dangerous offender
☐	☐	☐	Verbal abuse
☐	☐	☐	Aggressive or intimidating behaviour
☐	☐	☐	Physical aggression/violence
☐	☐	☐	Issues around mental illness
☐	☐	☐	Issues around drug or alcohol use
☐	☐	☐	Issues around criminal or anti-social behaviour
☐	☐	☐	Damage to property
☐	☐	☐	Arson

☐	☐	☐	Lone working considered unsafe
☐	☐	☐	Female lone working considered unsafe
☐	☐	☐	Hoarding

DETAIL OF RISK	
Include details of the last known incident where relevant, and the frequency of incidents	
Index offence details	
Offending background	
Further Details	

WHO IS AT RISK	
Complete for all that apply and provide details where appropriate in the space provided?	
Client at risk? If so, please provide details	
Staff at risk? If so, please provide details	
Neighbours at risk? If so, please provide details	
Contractors at risk? If so, please provide details	
Specific individuals at risk? If so, please specify and provide details	

RISK ASSESSMENT ACTION PLAN	
Triggers/behaviours to be made aware of	
What to do to manage risk:	What to do if major risk to self or others:

ADDITIONAL INFORMATION	
Please refer to the Eligibility Criteria for the service as applications will not be processed without the required documentation. Please confirm which of the following additional information has been provided with the referral form	
Risk Assessment	☐
Discharge summary	☐
Reports/Review meeting minutes	☐
Care Programme Approach Minutes	☐
Leaving Care Pathways Plan	☐
Other (detail)	

DECLARATION OF APPLICANT	
I confirm that the information I have provided is correct Signed:	Name: Date:
DECLARATION OF REFERRAL AGENCY	
I confirm that the information I have provided is correct Signed:	Name: Date: