Doncaster Generic Floating Support Professional Referral Application Form.

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| Date Received | Referral taken by: |

All Applicants must be over the age of 16 Years of age to receive support.

Referrer’s Details

|  |  |
| --- | --- |
| Agency |  |
| Name of Referrer |  |
| Address of Referrer |  |
| Email and contact number of Referrer |  |
| Referrer’s Signature |  |

Person’s Details:

|  |  |
| --- | --- |
| Title |  |
| Other Names |  |
| Surname |  |
| Marital Status |  |
| Known as |  |
| Gender |  |
| National Insurance Number |  |
| Date of Birth |  |
| Ethnic Origin |  |
| Nationality  (if they are non-British do they have leave to stay) |  |
| Religion  (do they have any cultural or faith needs) |  |
| Are they or anyone in the household pregnant or had a baby in the last 26 weeks? |  |
| Sexual Orientation |  |
| Transgender |  |
| Ex-Armed Forces Personnel |  |
| Languages Spoken |  |

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| --- | --- |
| Phone Numbers |  |
| Current Address and Postcode  (what sort of tenancy do you have? Are you currently on any sort of notice? How long have you lived in Doncaster) |  |

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| Who is their next of kin?  (please provide contact details) |  |
| Do they have a partner  (Please give details including dates of birth, gender, nationality and whether they live with you) |  |
| Does anybody else have keys to the property? (please provide details) |  |
| Do they have dependent children?  (please give details including dates of births, gender, nationality and whether they live with you) |  |
| Do they have any other household members? (please give details including dates of birth) |  |
| Are they on Probation? |  |
| Does any member of the household have current of historical substance misuse?  (Please give more details including support received) |  |
| Do they have any physical health issues? |  |
| Do they have any mental health issues?  (Are you currently receiving any support from other agencies?) |  |
| Are there any other agencies involved with them at the moment?  (for example social services / mental health services / drug and alcohol services – please provide contact details.) |  |

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| --- | --- | --- | --- |
| Benefits Information | Name  Amount  Frequency  Start Date  End Date |  |  |
| Do they need support with Budgeting? | |  | |
| Are there any Debts? | |  | |

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| --- | --- |
| How long have they lived in Doncaster? |  |
| Does the person have any rent arrears? |  |
| Does the person have a personal budget? |  |
| Was a rent deposit scheme used? |  |
| Does the person feel safe in the local area? |  |
| Any Previous support History:  (Please provide a brief outline of your involvement) |  |

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| Is the Person subject to any of the following frameworks? | |
| Care Management |  |
| Care Programme Approach |  |
| Probation or YOT |  |
| Drugs Intervention Programme |  |
| Care Programme Enhanced |  |
| MAPPA |  |
| Statutory Order |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment of Risk Checklist | | | |
| Physical Health |  | Harm from Others |  |
| Mental Health |  | Anti-Social Behaviour |  |
| Learning Difficulties |  | Offender |  |
| Budgeting / Debt |  | Arson |  |
| Substance Misuse |  | Racial Issues |  |
| Self Harm |  | Sexual Offences |  |
| Harm to Others |  | Other |  |

|  |  |
| --- | --- |
| Is there a potentially violent person in the household? (if yes please give details) |  |

|  |  |
| --- | --- |
| Please give an overview of support required: | |
| I confirm that the information provided is correct to the best of my knowledge and I agree to inform Changing lives of any changes to the details that have been provided. I understand by signing this declaration, I am giving permission for Changing Lives to contact third parties, such as landlords, benefits agencies etc. to check the information provided. | |
| Applicants Signature |  |
| Printed Name |  |
| Date |  |

**What is Doncaster Homeless Floating Support Service?**

Our team at Doncaster Homeless Floating Support Service support people to maintain their tenancy and or property as well as supporting the client to find and secure new homes.

Doncaster Homeless Floating Support is a community-based service, providing tenancy support if you are in a home or at risk of losing your home. We help single people and families in their own homes.

We offer practical and emotional support, as well as assistance and advice to help yo maintain your tenancy.

You will receive advice on day-to-day issues including finance and budgeting, alongside education and employment. We’ll help you find local agencies and advocacy services to provide any additional support you may need to maintain your tenancy or secure new accommodation.

Working with you, we will develop a tailored support plan. In your first meeting we’ll work out the type and frequency of the support you need. You can meet with your dedicated support worker fortnightly, weekly or even daily, if that’s what you need.

**Our Service**

Changing Lives Doncaster Homeless Floating Support Service operates:

-Monday to Friday between 9-5pm

-Our Floating Support Team also offers out of hours visits.

**Who we can help**

You can get help if you are:

Aged 16 or above

At risk of losing your home or have a home

From Doncaster area or have local connections.

Referral can be made by professionals, a homeless team, probation, etc, we take self-referrals at the scheme itself. We will then arrange a needs and risks assessment to determine whether or not the Person can be accepted onto the service. Please return completed forms to address below.

Changing lives service

Doncaster Generic Tenancy Support

Wharf House

Wharf Road

Doncaster

DN1 2ST

Tel: 01302 558014

Email: [Jaime.taylor@changing-lives.org.uk](mailto:Jaime.taylor@changing-lives.org.uk) / [christina.johnsen@changing-lives.org.uk](mailto:christina.johnsen@changing-lives.org.uk)

We can offer you help to complete this application or if you have and questions, need larger print or different language version please contact the Floating Support Team on: 01302 558014

**Appeals Procedure** applications for support appeals procedure to be given to the person in question. **Introduction**

The aim of this procedure is to provide details of the process followed when an application is refused. In the event that an application is rejected as unsuitable for support, specific reasons will be provided and where appropriate advice will be given regarding alternative support options. The right of appeal regarding the decision not to offer support will be communicated to the appropriate parties concerned.

**Stage one**

Appeal request should be made inwriting to:

Paul Fitzpatrick

Changing lives

Doncaster Generic Floating Support Service

Wharf House

Wharf Road

Doncaster

DN1 2ST

Acknowledgement to be received within 2 working days. The team leader will review the appeal and provide a written response within 10 working days of receiving the appeal. The outcome of the appeal will be communicated in a manner suitable to the individual / referral agency and written records maintained, providing specific reasons for the decision.

**Stage two**

Should the customer remain unhappy with the decision at stage 1 and appeal request should be made in writing to the Area Manager: acknowledge should be made within two working days. A full response will be provided within 10 working days.

**Final Stage**

In the eventuality that an applicant remains unhappy with the outcome of the appeals process, the applicant may make a complaint following Changing Lives complaints procedure should they have reason to believe they have been treated unfairly or experienced discrimination or Changing Lives procedures are breached.

Any Customer appealing against a decision can seek assistance with their appeal from various external organisations such as a Social Worker, CAB, Friend / Family and Supporting People.