**Floating Support referral form**

**About you (or the person who needs housing support, if you are completing this form on behalf of someone else)**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| NI Number |  |
| Address |  |
| Tel  |  |
| Email |  |
| Date of referral |  |

**About your home**

**Does anyone else live with you? YES/ NO**

|  |  |
| --- | --- |
| Partner or spouse – please give name and age |  |
| Children or dependents – please state names and ages |  |
| Others – please state names, ages and relationship to you |  |

**What type of accommodation are you living in?**

|  |  |
| --- | --- |
| Council tenant [ ]  | Other social housing tenant (renting from a housing association) [ ]  |
| Temporary housing from RBKC [ ]  | Private rented accommodation [ ]  |
| Owner-occupier [ ]  | Bed & Breakfast [ ]  |
| Staying with family/friends [ ]  | Tied accommodation [ ]  |
| Street homeless [ ]  | Other [ ]  |
| Name of landlord if applicable |  |
| Tenancy Start Date |  |

**About you and the support you want**

**Please tick all of the statements which apply to you:**

|  |  |
| --- | --- |
| Older person (aged 55+) | [ ]  |
| Younger person (16 to 25) | [ ]  |
| Learning difficulty or disability | [ ]  |
| Mental health needs | [ ]  |
| Physical disability or sensory impairment (hearing / sight) | [ ]  |
| Alcohol problem | [ ]  |
| Drug problem | [ ]  |
| Homeless family | [ ]  |
| Refugee status  | [ ]  |
| Previously imprisoned or are at risk of offending or re-offending | [ ]  |
| Other (**please explain**)  |

**What do you want support with?**

**Please tick all the statements below which apply to you:**

|  |  |  |  |
| --- | --- | --- | --- |
| I have rent arrears | [ ]  | I need support to find a new home | [ ]  |
| I need regular support to manage my home, such as paying bills and corresponding with my landlord | [ ]  | I am being evicted by my landlord or am threatened with eviction | [ ]  |
| I need advice and support to access health and/ or social services | [ ]  | I need advice and support to find other services in my area | [ ]  |
| I have a dispute with neighbours and need support to resolve it | [ ]  | I need support to make sure I am claiming the right welfare benefits and maximising my income | [ ]  |
| I need support to make the most of my money and budget better | [ ]  | I need support to make links with services who can assist with my hoarding issues | [ ]  |
| I need support to access grants for furniture and decoration for my home  | [ ]  | I need support to find education, training or work opportunities | [ ]  |

|  |
| --- |
| **More about the support you want** Please give some further information about why you want support |

**If you have rent arrears, please give us more information**

|  |  |
| --- | --- |
| Total rent arrears (£) |  |
| Legal action stage if any (include any court dates if known) |  |

**Language and communication**

|  |  |
| --- | --- |
| **Can you read / write English?** |  **YES / NO** |
| **Please tell us your main language:** |  |
| **Do you need an interpreter?** |  **YES / NO** |
|  **Do you have any other communication needs?** (e.g. sign language, Braille) |  |

**Risk**

|  |
| --- |
| Are you at risk of harm from others or yourself?Are there any reasons that make you a risk to others? Please give detailsFor professionals, please provide a current risk assessment where available |
|  |

|  |
| --- |
| **Other people/agencies who you work with and/or support you – please list others such a social worker, support worker or carer etc.** |
| Name | Job title/Relationship | Agency (if appropriate) | Tel no or address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# How we use your information

## The personal information that you provide will be handled by the Council in line with the Data Protection Act 1998 and will be used for the purpose of housing support. Your information will not be used for any other purpose and only shared with those departments that you have indicated in this form.

**Consent to contact you**

|  |
| --- |
| **I give permission for a referral to be made for housing/floating support and the information given to be shared with a support service.** **Please check this box** [ ]  |
| **If you are completing this referral on someone else’s behalf, please provide your contact details:**

|  |
| --- |
| Name: |
| Organisation: |
| Tel:   | Email: |

 |

Equality & Fair Access Monitoring Details

(*You do not have to complete this part of the form, but it would be appreciated if you do, as it will help us to monitor our services and ensure we provide fair access and inclusive to all)*

**How would you best describe the race or ethnic group of you/the person you are referring? (Please tick box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British – African Indian |  | White – British |  |
| Asian or Asian British – Indian |  | White – Irish |  |
| Asian or Asian British – Pakistani |  | White - Other European |  |
| Asian or Asian British – Bangladeshi |  | Any other White background |  |
| Any other Asian background |  | Moroccan Arab |  |
| Black or Black British – Caribbean |  | Other Arab background |  |
| Black or Black British – Somalian |  | Chinese |  |
| Black or Black British – African  |  | Filipino |  |
| Any other Black background |  | Mixed - White and Black African |  |
| Mixed - White and Black Caribbean |  | Any other Mixed background |  |
| Mixed - White and Asian |  | Any other background  |  |

**Are you/the person you are referring:**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

**Your/person you are referring’s age is:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16-25 |  | 26-55 |  | 55+ |  |

**Do you consider yourself/the person you are referring to have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**If yes, what is the nature of the disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility |  | Visual impairment |  |
| Hearing difficulty |  | Learning disability |  |
| Mental health problem |  | Other |  |

Please email the completed form to housingsupport@rbkc.gov.uk

Email is the best way to contact us but if you do not have access to email, please send the form to:

Floating Support Service, Royal Borough of Kensington and Chelsea, Town Hall, Pink Area, 2nd floor, Hornton Street, London W8 7NX

Tel: 0207 361 2933