

**WESTMINSTER FLOATING SUPPORT REFERRAL FORM**

**Please return the completed form to** [**westminstersupport@shp.org.uk**](mailto:westminstersupport@shp.org.uk) **or**

**SHP Westminster, 55 Bondway, Vauxhall, London, SW8 1SJ**

**Alternatively, please call us on 020 7619 2630 if you would like to discuss the referral further.**

**Eligibility Criteria**

**Please ensure that you (or the person you are referring) meet/s the following eligibility criteria:**

* An Individual aged 18 or over with an identified support need, living in a household within Westminster that is not considered supported housing or a residential and extra care setting; **or**
* An individual, or individual in a household, placed in temporary accommodation by Westminster outside of the borough**; or**
* An individual moving into independent accommodation in Westminster from supported housing

**NB:** We do not provide housing and cannot support people who are homeless, including sofa surfers.

**By completing this form, you are consenting to us contacting CNWL Mental Health Services and Westminster Trailblazers. This will enable us to gather further information to complete an accurate assessment.**

|  |  |  |
| --- | --- | --- |
| **Is this referral considered urgent?** | **Yes** | **No** |
| If urgent, please state why |  | |

**1/ Applicant’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  |
| **Age** |  | **Ethnicity** |  |
| **Gender** | **Male** | **Female** | **Transgender** |
| **Address** |  | | |
| **Post Code** |  | **Telephone No.** |  |
| **Email Address** |  | | |
| **Any specific communication needs?** |  | | |

**2/ Reason for Referral**

|  |  |  |
| --- | --- | --- |
| **Please state why the referral is being made**  **Please include the following:**   1. **The immediate presenting tenancy need/s** 2. **Any other presenting need/s** 3. **What the desired outcome is** 4. **Why you require support to resolve this.** | | |
|  | | |
| **If this referral is being made on a person’s behalf, has written or verbal consent been given by them for this referral to be made?** | **Yes** | **No** |

**3/ Self- Referral OR Referral Agency Details**

**Self-Referrals**

|  |  |
| --- | --- |
| **Signature** |  |
| **Please provide names of any other agencies offering you support** |  |

**Referral Agency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer’s name, Organisation name, address & post code** |  | | | |
| **Telephone No.** | **Landline** |  | **Mobile** |  |
| **Relationship to Client** |  | | | |
| **Names of other agencies involved** |  | | | |
| **Signature of referrer (required):** |  | | | |

**4/ Risk Assessment**

**As the referrer, do you identify any risks from the following? Please tick.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk of harm to others** |  | **Risk of harm from others** |  | **History of suicide attempts** |  | **Risk of offending behaviour** |  |
| **Victim of domestic abuse** |  | **History of self-harming** |  | **Drug or alcohol use, or Dual Diagnosis** |  | **Risk of homelessness** |  |
| **Perpetrator of domestic abuse** |  | **Mental health deterioration** |  | **Physical health deterioration or self-neglect** |  | **Vulnerable family** |  |
| **Problems managing anger/impulsive behaviour** |  | **Risk of harm to self (other)** |  | **hoarding behaviour** |  | **Other**  **(please specify below)** |  |
| **Please use the box on the right to briefly describe the nature of the risks ticked above** | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **All referring agencies should complete this section of the form.**  ***If you are a statutory service, e.g. Social Services, Probation, Community Mental Health Team, etc., you do not need to complete this risk assessment – however we will require a copy of your service’s risk assessment for the client at the point of referral , without it we will not be able to process the referral..*** | | |
| **Do you consider the client suitable for visits by a female worker?** | **Yes** | **No** |
| **Do you consider the client suitable for visits by a male worker?** | **Yes** | **No** |
| **Do you consider that the client will require double cover by workers?** | **Yes** | **No** |