

**Generic & Complex Needs**

**Mental Health Service**

**Referral Form**

**Milton Keynes**

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| **Please send your completed referral form to:** |
| Connection Support  Suite G16  Challenge House  Sherwood Drive  Bletchley  Milton Keynes  MK3 6DP  Email:mkenquiries@connectionsupport.org.uk  Telephone:01908 101330 |

**Guidance notes**

**Connection Support** is a flexible service for people who find it difficult to cope in their own home; it helps improve independent living skills.

**Who is the service for?** People aged 16 and over; Single people, couples and families and anyone living in the Borough of Milton Keynes, even if you own your own home.

**Priority will be given to clients who meet one or more of the following needs.** Where the service has limited capacity a scoring system will be applied and those with the highest scoring will be offered a service. Allocation to the service will be made in accordance to need and not the length of time on the Waiting List:-

1. **Clients at High Risk of Homelessness and whom without support a tenancy will fail**
2. **Clients who are not in receipt of other support services**
3. **Clients with multiple needs**
4. **Clients who have difficulty engaging with services**
5. **Clients at risk of social exclusion**

**What support do we offer?**

* Support to keep your home
* Money management, bills and debt
* Help with benefit claims
* Help with setting up in your new home
* Help with education, training, voluntary work and employment
* Information on local community facilities or services
* Information on specialist services

**We do not**

* Provide accommodation or support to search for accommodation
* Help with personal care, shopping, cooking and cleaning.

**How can I get support?**

* Complete the referral form by yourself or get someone to help you
* The questions help us to assess your support needs (please see our confidentiality policy below)
* If you wish to discuss this form please contact Connection Support.

**What happens next?**

* We may contact you for more information
* We may arrange to meet you to carry out an assessment of your support needs, or give details of a more suitable service
* We will then decide if we can offer you a service and will write to you to confirm this
* We can also help by providing you with details of other services in the Milton Keynes area

**Confidentiality policy -** Connection Support gives careful consideration to the sharing of confidential information with other parties. We aim to do this on a need to know basis, and in general your support worker will discuss this with you before passing on personal information.

Support workers may share information with other members of their team and in particular their manager if it is considered to be appropriate and in the best interests of the service user.

**Confidentiality will be breached if: -**

* The health & safety of a child is at risk
* The health & safety of a person deemed to be vulnerable is at risk (i.e. where a person is unable to communicate for themselves).
* If a third party is at risk as a result of information disclosed at the assessment.
* If the service user is at risk of committing suicide.
* If there is a known terrorist activity.
* If the service user gives specific details of a crime committed or due to be committed.
* If a warrant is served by the police authority.

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| **Referral Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Referral: | |  | | | | | | | Are you referring yourself? | | | | | | | | | **YES / NO** | | | | |  | | | |
| If so how did you hear about us? | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Agency Referral only: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer’s Name: | |  | | | | | | | | | | Agency: | |  | | | | | | | | | | | | |
| Telephone No: | |  | | | | | | | | | | Email: | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Tel : |  | | | | | | | | | | | Mobile Tel: | | | | |  | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.O.B: |  | | | | | | | | | | Age: |  | | | NI Number: | | | | | | |  | | | | |
| Gender: | **Male / Female** | | | | | | Are you a care leaver? | | | | | | | | | | **YES / NO** | | | | | |  | | | |
| Partner’s Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Partner’s Address:  (if different from above) | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Details: Name: | | | | | |  | | | | | | | | | | | | | Tel: | |  | | | | |
| Relationship: | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
| How would you prefer to be contacted? | | | | | | | | | |  | | | | | |  | | | | | | | | |
| Are you threatened with immediate eviction? | | | | | | | | | | **YES / NO** | | |  | | | If YES, please give details on page 2 | | | | | | | | |
| Are you pregnant? | | | | **YES / NO** |  | | | | | If Yes, when is your baby due? | | | | | | | | | |  | | | |  |
| Details of children in your care: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **We want to provide a service which is fair and available to everyone. To enable us to monitor this, please indicate below which describes you best:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity: (select one using X)** | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Asian/  Asian British | | Mixed/  Multiple ethnic groups | | White | | Black/  Black British | | | | Other ethnic groups | | | |
| Indian |  | White & Black Caribbean |  | British |  | African | | |  | Arab | | |  |
| Pakistani |  | White & Black African |  | Irish |  | Caribbean | | |  | Other (please specify below) | | |  |
| Bangladeshi |  | White & Asian |  | Gypsy/Irish Traveller |  | Other (please specify below) | | |  |  | | | |
| Chinese |  | Other (please specify below) |  | Other (please specify below) |  |  | | | |  | | |  |
| Other (please specify below) |  |  | |  | |  | | | |  | | |  |
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| **Disability: (select all that apply to you)** | | | | | | | | | | |
| Do you consider yourself disabled? | | | **YES / NO** | |  | | | | | |
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| Mental Health |  | Sight Impairment | |  | | Hearing Impairment | |  |
| Speech Difficulty |  | Autistic Spectrum | |  | | Learning Difficulties | |  |
| Dementia |  | Mobility | |  | | Progressive Illness | |  |
| Declined |  |  | |  | |  | |  |
| Please give further details on page 3 | | | | | | | | | | |

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| **Support needs:** | | | | |
| Please select one or more depending on relevance: | | | | |
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| At risk of homeless/tenancy failure: |  | Not in receipt of any other support: |  |  |
| History of difficulty engaging with support: |  | Multiple needs: |  |  |
| Risk of social exclusion: |  |  | | |
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| **Please use this space to explain why support is needed. Please provide as much detail as possible.** | | | | |
| Please advise of any rent arrears, possible eviction and dates. Who is the applicant currently living with, first tenancy? and from when. Are there any issues surrounding maintaining the current home? | | | | |
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| Please provide information regarding current management of income, i.e. utility debts, court action, CCJs. Is the applicant aware of all the bills attached to the tenancy, are they claiming any benefits and if so please advise. Are there any outstanding debts for store cards? | | | | |
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| Does the applicant use substances or drink alcohol and require support in this area? Do they have concerns about personal safety either within or outside the home? | | | | |
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| Is the applicant currently employed? Do they require support accessing employment? | | | | |
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| **Health Information:** | | | | | | | | | | | | | | | |
| Please give details of any disability (including a learning disability). | | | | | | | | | | | | | | | |
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| Please give details of any physical health problems. | | | | | | | | | | | | | | | |
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| Please give details of any mental health problems. | | | | | | | | | | | | | | | |
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| **Criminal convictions:** | | | | | | | | | | | | | | | |
| Does the applicant have a history of offending? | | | | | **YES / NO** | | |  | |  | |  | | | |
| If yes what was the nature of the offence? | | | | | | | | |  |  | |  | | | |
| Theft |  | Violence |  | Drug related | |  | Other (please specify below) | | | | | | |  |  |
| Arson |  | Sexual |  | Vehicle related | |  |  |  | | | | | | | |
| Please provide details including date of the last offence: | | | | | | | | | | | | | | | |
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| Are there any license conditions or other restrictions placed on the applicant? | | | | | | | | | | | **YES / NO** | |  | | |
| If so, please give details: | | | | | | | | | | | | | | | |
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| Are there any reasons why it might be unsafe for a support worker to visit the applicant at home alone? (For example, a history of threatening/violent behavior, use of un-prescribed/illegal drugs, or other people regularly visiting the home with these problems). **YES / NO**  If the answer is yes, please enter details below. We need this information to decide how to offer support. | | | | | | | | | | | | | | |
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| **Client Consent To Share Information** | | | | | | | | | | | | | | |
| We need the information in this referral form to see if and how we may be able to help you. This information will be confidential to Connection Support employees and will only be accessed and processed by authorised individuals who have received training in handling and managing such data. It will be used only for the purposes of assessing if we can provide you with support. To do this we may need to contact the people mentioned in this referral form to gain more information. We need your consent to do this. We understand that some of the information you give us may be sensitive. If we don’t have this information we may not be able to support you in the best way possible. However, it is your choice whether you provide such information.  The information you give may be held on both manual and electronic systems and you are welcome to update and request to change/remove your information at any time. By completing this form, you will be confirming that you give your consent for Connection Support to hold and process your data in line with the procedures set out above. You can at any time view our full privacy notice for Service Users on our website by following this link: <http://www.connectionsupport.org.uk/about-us/policies/> or ask us for a paper copy. | | | | | | | | | | | | | | |
| I | |  | | of |  | | | | | | | | | |
|  | | *Name* | |  | *Address* | | | | | | | | | |
|  | | Relevant Housing/Housing Benefit/ Council Tax Office | | | | |  | | Landlord | | |  |  | |
|  | | Social & Community Services (Social Services) | | | | |  | | Personal GP | | | |  | | |
|  | | Community Mental Health Team | | | | |  | | YOT /Probation | | | |  | | |
|  | | Midwife/Health Visitor | | | | |  | | Citizens Advice | | | |  | | |
|  | | Thames Valley Police | | | | |  | | Children’s Centre | | | |  | | |
|  | | Accommodation Panel | | | | |  | |  | | | |  | | |
|  | | Other Support Agencies (please list below) | | | | |  | |  | | |  |  | |
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| **If you have any additional information, please attach on a separate sheet.** | | | | | | | | | | | | | | |
| Referral completed by: | | |  | | | Date: | | | | |  | | |  |
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| Please note that we cannot accept referrals without the applicant’s consent, If you have completed this referral for someone else, please ask them to sign below: | | | | | | | | | | | | | | |
| Applicant’s signature: | | |  | | | Date: | | | | |  | | |  |
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| Or indicate here to confirm that they are aware of this referral: | | | | | | | |  | |  | | | | |
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| Referrer’s signature | | |  | | | Date: | | | | |  | | |  |
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