

**Integrated Floating Support 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 maintain their own home and may experience mental health difficulties, Autism, learning disabilities, and additional difficulties; We support people to gain independent living skills and empowers people to make positive life changes.

**Who is the service for?**

* Single adults aged 18 or over.
* People with or without a local connection to Milton Keynes
* People with a history of rough sleeping or people who are at risk of rough sleeping if not supported to maintain their accommodation.
* Clients must have a need for support to maintain their tenancy.
* Clients must consent to a referral being made on their behalf and be willing to engage with support on a regular basis.
* Clients must have mental capacity to hold a tenancy or licence agreement.

**Referral route**

* People can self-refer or be referred by a professional to IFS and will be considered in line with the agreed criteria.
* Only referrals where a property is involved, (so for potential Housing First or NSAP clients) will be reviewed and agreed at a weekly panel meeting convened by MKCC.
* If there are more referrals than places allocation will be prioritised and agreed at panel in line with the criteria.

**People will be prioritised for the service as follows:**

1. People who have been rough sleeping and are moving into their own accommodation, including temporary accommodation, and need support.
2. People who have been identified as at **immediate** risk of losing their accommodation, for example through eviction proceedings, and need support.
3. People moving on from emergency or supported accommodation into their own accommodation and need support. This includes the Old Bus Station, Norman Russell House or Fishermead Hostel, the Bus Shelter, Unity MK Winter Night Shelter.
4. People who have been released from prison and are at risk of homelessness / rough sleeping and need support.
5. People who have been discharged from hospital and are at risk of homelessness / rough sleeping and need support.
6. Care Leavers with additional needs who are at risk of homelessness / rough sleeping and need support.
7. People who have been identified as at risk of losing their accommodation and need support.

**Exclusions**

* The service is not for people with no recourse to public funds.
* The Integrated service does not support people who are currently rough sleeping.

**What support do we offer?**

* Support to keep your home.
* Emotional and mental health well-being.
* Money management, bills, and debt.
* Help with benefit claims.
* Help with setting up 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.
* 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 to help us decide if you meet the criteria of the service or give details of a more suitable organisations.
* We will then decide if we can offer you a service and will contact you to confirm this by your preferred method.

**Confidentiality policy -** Connection Support considers the sharing of confidential information with other parties on a need-to-know basis, and in general your case worker will discuss this with you before passing on personal information.

Case workers may share information with other members of their team and in particular their manager if it is appropriate and in the best interests of the client.

**Confidentiality will be breached if you or someone else is at risk of harm. This may include: -**

* The health & safety of a child is at risk.
* Safeguarding concerns of a minor or adult.
* The health & safety of a person deemed to be vulnerable is at risk (i.e., where a person is unable to communicate for themselves or deemed a vulnerable adult).
* If a third party is at risk because of information disclosed at the assessment.
* If the client is at risk of committing suicide or self-harm.
* If there is a known terrorist activity.
* If the client 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 & Dept: | | |  | | | | | | | | | | | | | | | |
| Telephone No: | |  | | | | | | | | | | | | | Email: | | |  | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referred via MKC Supported Housing Panel meeting? | | **YES / NO** | | | | | | | | | | | | | Is the client ready and willing to engage with support and aware of the referral? | | | | | | | | | **YES / NO** | | | | | | |
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| **Applicant’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Tel: |  | | | | | | | | | | | | | | Mobile Tel: | | | | | |  | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.O.B: |  | | | | | | | | | | | | Age: | |  | | | | NI Number: | | | | | | | | |  | | | | | |
| Gender: |  | | | | | | | | 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: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of applicant’s support network: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | |  | |
| ADHD | | | | |  | Declined | | | | | | | |  | |
| Please give further details on page 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Support needs:** | | | | | |
| Please select one or more depending on relevance: | | | | | |
| How would you categorise support needs? **LOW / MEDIUM / HIGH** | | |
| 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: |  | Language barrier: | |  |  |
| Anti-social behavior: |  | Domestic violence: | |  |  |
| Cuckooing: |  |
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| **Please use this space to explain how these support needs affects you.** | | | | | |
| Please provide details about what the applicant is having difficulty with and what support they would benefit from. | | | | | |
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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 and the amount, possible eviction and dates, previous failed tenancies. Who is the applicant currently living with, first tenancy? and from when. Are there any issues surrounding maintaining the current home? Risk from others at your property? | | | | | |
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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 loans, 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? Is there anti-social behaviour? Are they engaging with any services at present? | | | | | |
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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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| **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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| Is the applicant currently employed? Do they require support accessing employment? | | | | | |

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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)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 Traveler |  | Other (please specify below) | | |  |  | | | | | Chinese |  | Other (please specify below) |  | Other (please specify below) |  |  | | | |  | | |  | | Other (please specify below) |  |  | |  | |  | | | |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 purpose 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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| **Is the applicant ready and willing to engage with support?** | | | | | | | | | | | | | | |
| **YES / NO** | | | | | | | | | | | | | | |
| **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: | | | | |  | | |  |
|  | | |  | | |  | | | | |  | | |  |
| Or indicate here to confirm that they are aware of this referral: | | | | | | | |  | |  | | | | |
|  | | |  | | |  | | | | |  | | |  |
| Referrer’s signature | | |  | | | Date: | | | | |  | | |  |
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