****

**Elders Voice**

**Floating Support Service**

**Referral Form**

|  |
| --- |
| **Client Details** |
| **Title:** |  |
| **Surname:** |  |
| **First name:** |  |
| **Address:** **(Please include full postcode)** |  |
| **Telephone/mobile number:** |  |
| **Email address:** |  |
| **Date of birth:** |  |
| **National Insurance number:** |  |
| **If an interpreter is required, which language?** |  |
| **What is your immigration status?** **(Please give details)** |  |
| **Do you have access to public funds?** |  |
| **Next of kin details:****(Name, contact number & relationship to client)** |  |
| **Health** |
| **Are you currently registered with a GP?** [ ]  **Yes** [ ]  **No****If yes, please provide details:** |
| **Do you consider yourself to have a disability?** [ ]  **Yes** [ ]  **No****If yes, please provide details:** |
| **What are your mobility needs / what aids do you rely on for your daily function?** |  |
| **Do you have a visual and/or hearing impairment?** |  |
| **Have you been diagnosed with a mental health condition?** |  |
| **Do you have a learning disability?** |  |
| **Do you have any other health conditions?** **(Please include contagious infections)** |  |
| **Income Details** |
| **What benefits do you receive?** |  |
| **Do you receive housing benefit?** |  |
| **Please provide details of your income from employment/pension:** |  |
| **Please provide details of any other income:** |  |
| **Support Needs** |
|  |
| **Other agencies the applicant is receiving support from** |
| **Agency** | **Contact name & telephone no.** |
| **Day Centre** |  |
| **Home Care Agency** |  |
| **District Nursing** |  |
| **Physiotherapist** |  |
| **CPN/Mental Health** |  |
| **Social Services** |  |
| **Carer (including family members)** |  |
| **Other (please provide details)** |  |
| **Safeguarding Reports**  |  |
| **Other (please provide details)** |  |
| **Please indicate if there is current or past history of any risk in any of the following areas.** |
| **Risk Area** | **Risk to self** | **Risk to others** | **Risk from others** |
| **Abuse/harassment**  |  |  |  |
| **Accidental harm** |  |  |  |
| **Alcohol misuse** |  |  |  |
| **Anti-social behaviour** |  |  |  |
| **Arson/fire hazard** |  |  |  |
| **Recent hospitalisation** |  |  |  |
| **Financial Management** |  |  |  |
| **Frailty or falls/trips** |  |  |  |
| **Challenging behaviour** |  |  |  |
| **Mental health concerns** |  |  |  |
| **Cognitive function/capacity to make decisions** |  |  |  |
| **Ability to operate equipment independently** |  |  |  |
| **Risk of being exploited** |  |  |  |
| **Risk of financial exploitation** |  |  |  |
| **Dependent on medication for normal functioning** |  |  |  |
| **Self-care/hygiene** |  |  |  |
| **Suicidal thoughts** |  |  |  |
| **Tenancy sustainment** |  |  |  |
| **Violence to staff/public** |  |  |  |
| **Other risks** **(Please provide details)**  |  |  |  |
| **Equal Opportunities Monitoring Form** |
| **We will use the information on this form to help us ensure that all applicants are treated fairly and equitably.** **Are you registered disabled?** [ ]  **Yes** [ ]  **No****Marital status:** [ ]  **Single** [ ]  **Married** [ ]  **Widow** [ ]  **Separated** [ ]  **Divorced****What best describes your gender?** [ ]  **Male** [ ]  **Female** [ ]  **Prefer not to say** [ ]  **Prefer to self-describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you identify as trans?** [ ]  **Yes** [ ]  **No** [ ]  **Prefer not to say****Age:** [ ]  **55-60** [ ]  **61-65** [ ]  **66-70** [ ]  **71-80** [ ]  **81+****Which best describes your ethnic origin?****White**[ ]  **British** [ ]  **Irish** [ ]  **Other:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Black or Black British**[ ]  **Caribbean** [ ]  **African** [ ]  **Other:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Asian or Asian British**[ ]  **Indian** [ ]  **Pakistani** [ ]  **Bangladeshi** [ ]  **Other:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­**Mixed**[ ]  **White & Black Caribbean** [ ]  **White & Black African** [ ]  **White & Black Asian** [ ]  **Other: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­**Chinese or Chinese British**[ ]  **Chinese** [ ]  **Chinese British** [ ]  **Other:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­**Religion**[ ]  **Christian** [ ]  **Buddhist** [ ]  **Hindu** [ ]  **Jewish** [ ]  **Muslim** [ ]  **Sikh** [ ]  **Other religion/belief** [ ]  **No religion** [ ]  **Prefer not to say****Sexual Orientation**[ ]  **Heterosexual/Straight** [ ]  **Gay Man** [ ]  **Gay Woman/Lesbian** [ ]  **Bisexual** [ ]  **Prefer not to say** [ ]  **Prefer to self-subscribe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signatures:****I give my consent for Elders Voice Floating Support Service to obtain further information for the purposes of assessing my application for housing related support.****I understand that information may be requested from other agencies about my support needs.** **Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referrer:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |