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**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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |