

# Floating Support Service

## Referral Form



### Young Persons Details

Name	
Date of Birth	
Age	
Address	
Postcode	
Phone Number	
Mobile Number	

GP Name	
Address	
Phone Number	

### About the Person Completing the Referral

Name	
Agency	
Address	
Postcode	
Phone Number	
Email	
Signature	
Date	

### Family Composition

Child or Young Persons Primary Carers

Surname	Forename	Address	Phone Number	Date of Birth	Relationship to Young Person

**Other Household Members**  
Including Non-Family Members

Surname	Forename	Address	Phone Number	Date of Birth	Relationship to Young Person

**Significant Others**  
Including Family Members Who Are Not Members of The Young Persons Household

Surname	Forename	Address	Phone Number	Date of Birth	Relationship to Young Person

**Other Agencies Involved**

Role	Name	Address	Phone Number	Aware of Referral
Social Worker				
Health Visitor				
Education				
GP				
PSNI				
Psychologist				
Psychologist				
Other				

## Eligibility

Is this Young Person

- 16 / 17 years old
- Care Leaver aged 18 – 21 years old
- 18 – 25 years old with complex needs

Current Situation

- Homeless
- Living at home with Parents and in need of support/ mediation to remain there
- No longer able to live in current accommodation and in need of support to move on
- Leaving young offenders centre and in need of support to move independently into the community
- Living independently in the community and at risk of eviction
- Other (Please give details)

## Reason for Referral

Outline Current Housing Situation

Are there any safeguarding concerns in relation to this young person?

- Yes (Please give details)
- No

Has a UNOCHINI/ Pathway needs Assessment been completed?

Yes (Please attach)

No

Have any other assessments been completed?

Yes (Please attach)

No

Comments:

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Is the young person in the child protection register?

Yes (Please attach most recent case conference minutes)

No

Name	Date Registered	Category	Key Worker

Has this young person a specific need or preference for a male/ female worker?

Male

Female

No Preference

Please note we will endeavour to consider this request, but it may not always be possible

What is this young person's first language/ preferred means of communication?

Does this young person have any special needs which we should be aware of?

e.g. dietary, physical, psychiatric condition

Yes (Please give details)

No

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## Support Required

Please tick to indicate the types of support required

### Reduction in The Risk of Homelessness

- I would like help to prevent me having to leave my current accommodation
- I would like housing advice as I'm having difficulties with my landlord
- I would like information on housing options
- I would like help to understand why I am at risk of homelessness
- I would like help to take positive steps to prevent me becoming homeless

### Money and Rent

- I would like support to develop my financial management skills
- I would like debt advice and support
- I would like benefits information and advice
- I would like help going to the benefits agency and managing my claim

### Work and Learning

- I would like information on training / education / employment options
- I would like help to actively seek employment / training / education
- I am at risk of losing my training / employment / education and would like help to remain
- I would like volunteering opportunities to improve my employability and confidence
- I would like help to explore my career options and an Introduction to the careers service
- I would like to participate in youth activities and events to promote my self-esteem and confidence
- I would like opportunities to develop skills, talents and new interests

### Practical Life Skills

- I would like support to search for suitable, affordable accommodation
- I would like support and practical assistance to set up my new home
- I would like advice and guidance on home safety and security
- I would like support and guidance on managing my home maintenance and repairs
- I would like to complete an independent living skills programme including cooking, cleaning and shopping
- I would like to assess my own skills and knowledge identifying areas I want to improve.

### How You Feel / Health

- I need support to look at the impact of my health on my ability to manage my home
- I need support to organise and plan my appointments with others
- I would like to participate in social, leisure and recreational activities to promote my positive mental well-being
- I would like support to look at risks to my physical and mental health and develop an action plan

### Choices and Behaviour

- I would like advice on how to manage risky situations
- I would like information on risks I take to make informed choices
- I would like help to manage my anger
- I would like help to develop skills to be able to manage arguments

### People and Support

- I would like information on local groups and activities in my area
- I would like information on transport, childcare, other: \_\_\_\_\_
- I would like support to access cultural / faith activities or events
- I would like opportunities to make new friends and develop supportive networks in my community



### Client Details

This Information will be treated confidentially and is required for action for children statistical recording only

- Self-assessment
- Other (Please Specify)

Black	Asian	White
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background
Mixed	Other Ethnic Groups	Not Given
<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian	<input type="checkbox"/> Chinese <input type="checkbox"/> Travelling community	<input type="checkbox"/> Not given
Please State Religious Background		
<input type="checkbox"/> Protestant <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Any other please specify	<input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh	<input type="checkbox"/> Atheist <input type="checkbox"/> Jewish <input type="checkbox"/> Religion not stated
Please State Sexual Orientation		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Transgender	<input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say



Has this referral been discussed and agreed with the young person?

Yes

No

Please sign below to confirm agreement with this referral

Young Person

Name

[[ ]]

Signature

[[ ]]

Parent / Carer ( If young person is under 18)

Name

[[ ]]

Signature

[[ ]]

Referrer

Name

[[ ]]

Signature

[[ ]]

Please return completed referral form along with any other supporting documents

Action for Children  
Floating Support Service  
2a Holmview Terrace  
Omagh  
County Tyrone  
BT79 0AH

Telephone - 028 8225 9495

Email – [alison.kettyle@actionforchildren.org.uk](mailto:alison.kettyle@actionforchildren.org.uk)





**For Office Use Only**

Client Number:	Aspire Pin:	Date Received:
Person Reviewing Referral:		Position:
<b>Source of Referral</b>		
<input type="checkbox"/> NIHE <input type="checkbox"/> PBNI <input type="checkbox"/> Self-Referral <input type="checkbox"/> Voluntary Agency <input type="checkbox"/> Rossorry Grove		
Social Services:		Other:
<b>Omagh</b>		<b>Fermanagh</b>
<input type="checkbox"/> Homeless <input type="checkbox"/> At Risk		<input type="checkbox"/> Homeless <input type="checkbox"/> At Risk
<b>Request</b>		
<input type="checkbox"/> Male Worker <input type="checkbox"/> Female Worker <input type="checkbox"/> No Preference		
<b>Referral Outcome</b>		
<input type="checkbox"/> Eligible for Service and Allocated		
Floating Support Worker:		Allocation Date:
<input type="checkbox"/> Waiting List		
Floating Support Worker:		Allocation Date:
<input type="checkbox"/> Not Eligible		
Reason: 		
<input type="checkbox"/> Redirect to another agency		
<input type="checkbox"/> No further action		
Signed:		Date:
Underlying issues identified including learning needs, physical/ learning disability/ mental health issues. 		