

MACS FLOATING SUPPORT REFERRAL FORM

MACS Floating Support offers two key services:

Referral received:

Housing Support funded by the Housing Executives Supporting People programme

Referral Criteria:

- Young people aged 16-25 years old in need of support to maintain and or access accommodation

Support can be offered on:

- Managing tenancies - Managing money / benefit advice
 - Social networks and relationships - Substance use
 - Physical health - Emotional and mental health
 - Meaningful use of time- Offending
 - Motivation and taking responsibility – Parenting
 - Self care and living skills - Training and employment
- It's called Floating Support because we float the service out to you. Our service covers a number of areas around Belfast, Lisburn and Downpatrick.
- You will have an individual support plan that will be regularly reviewed to make sure we are still helpful to you, and we can work with you for up to two years.
- When we receive your referral you will be contacted within 2 weeks and a meeting will be arranged to get to know you - You may then be placed on a waiting list depending on current demand

What next?

If you think we could be helpful to you, please complete the form below. Referrals are welcome from young people who want to refer themselves, or any agency or organisation working with them.

Your Details

First Name: Surname:

Address: Postcode:

Date of Birth: / / Telephone No:

Mobile No: Email:

Is English your first language? Yes No

If not please give details:

Current tenancy: NIHE Housing Association Private Rented Other

Please describe:

Please tick any of the following that you think you need support with:

Motivation:	<input type="checkbox"/>	Self-Care/Living Skills:	<input type="checkbox"/>	Money/Benefits:	<input type="checkbox"/>
Relationships:	<input type="checkbox"/>	Drug/Alcohol Use:	<input type="checkbox"/>	Physical Health:	<input type="checkbox"/>
Offending:	<input type="checkbox"/>	Use of Time:	<input type="checkbox"/>	Housing/Accommodation:	<input type="checkbox"/>
Emotional & Mental Health:	<input type="checkbox"/>	Self Harm / Suicide:	<input type="checkbox"/>	Parenting:	<input type="checkbox"/>

Is there any other area that you would like support in that is not listed above? Please detail below.



Are there any risks that we should know about?

If yes please give details / Floating Support workers will meet young people in their home do you have any safety concerns with this?

Yes

No

Is the referring person different from the young person named above? If YES please tell us:

First Name

Surname

Occupation:

Address:

Postcode:

Telephone No:

Relationship with young person:

Signature:

(Young Person)

Date:

/ /

Signature:

(Referrer)

Date:

/ /

Thank You

Please send or email this form to one of our offices below, or ring us to talk through any questions you might have. We'll contact you when we receive this form.

I give permission for MACS to hold and process my personal information in line with GDPR *please tick*

MACS offices:

BELFAST

MACS Supporting Young People
303 Ormeau Road
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LISBURN

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