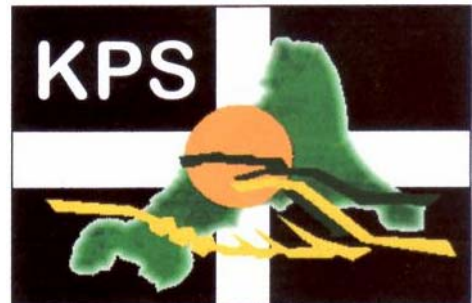


KPS Referral Form



KERNOW POSITIVE SUPPORT

Registered Charity No. 1104947

KPS Housing Related Support

60A First Floor

Highertown

Truro TR1 3QA

Tel: 01872 262221

Fax: 01208 810771

Mob: 07964372514

Help Line: 01208 264866

Email: housing@kpsdirect.com

Website: www.kpsdirect.com

KPS FLOATING SUPPORT REFERRAL FORM including Self-Referral Application

PLEASE NOTE: The KPS floating support service is available to people infected or affected by HIV and a letter confirming diagnosis must be available before a client can access the service.

TO BE COMPLETED BY THE REFERRAL AGENCY IN CONSULTATION WITH THE APPLICANT

Do you need **URGENT** help for any of the following reasons:

YES	EMERGENCY SERVICE CRITERIA	DETAILS
	Imminent (within 7 days) loss of accommodation (notice to quit, court hearing, behaviour/ harassment leading to eviction, injunction or abandonment)	
	Imminent (within 7 days) discharge from hospital/ custody with no suitable accommodation (this may include sorting out utilities, basic furniture, or need for homelessness advice)	
	Imminent (within 7 days) risk of going into hospital/ custody/ hostel/ other less independent accommodation if service/ support not available.	
	Current risk to self/ others that could put accommodation at risk	

APPLICANT INFORMATION

Full Name:		
Address:		
Postcode:	Tel no:	
Contact address if different from above:		
Postcode:	Tel no:	
When is the best time to contact you:		
Date of birth:	Age:	
Male:	Female:	
NI Number:		
Please highlight any communication needs e.g. literacy skills / hearing / preferred language / interpreter or signer required:		
FOR OFFICE USE ONLY:	Date allocated:	CLOSURE DETAILS

Date of Referral:	Name of Support Worker:	Date: Reason: Signposted to:
Anticipated Start Date:	Date of Assessment :	
KPS client number (SP)		
Copy:	Letter:	
Is there anyone else who provides support to you e.g. Social Worker, Youth Justice Worker, CPN, Probation Officer etc. <i>(If so, please provide contact details):</i>		
Do you have any religious or spiritual needs?		

REFERRER INFORMATION, if self-referring please leave blank.

Full Name:	Position:
Agency Name:	
Address:	
Postcode:	Tel no:
To minimise the impact on the environment, it would be appreciated if the receipt of this referral could be acknowledged via email rather than letter. If this is acceptable please provide your email address below and tick the box.	
Email address:	
Has the applicant been accepted under any statutory frameworks e.g. Care Management, Care Programme Approach, Section 117, etc:	

HOUSING DETAILS – Your current accommodation *(please indicated below)*

- Own your own home
 Rent from a Housing Association
 Rent from the Council
 Rent privately
 Sheltered / Supported Housing
 Private Sector Lease (PSL)
 Leasehold
 Other, please specify:

Have you been accepted as Statutory Homeless:

YES NO

If NO are you awaiting a decision?

SUPPORT NEEDS

Do you need assistance with any of the following areas <i>(please tick as appropriate):</i>	A Lot of Assistance	A Little Assistance
Help setting up and maintaining your home or tenancy		
Finding other accommodation		
Safety & Security		
Reading		
Writing		
Filling in forms		
Claiming benefits		
Writing official letters		
Developing Daily Living Skills		
Developing Budgeting Skills		
Help gaining access to other agencies		
Establishing Social Contact and Activities		
Other <i>(please specify)</i>		

Important

The above information is important if KPS is to offer you a service as detailed in the client handbook but we understand that privacy is also important to many of our clients, you are therefore at liberty to decline providing further information if you wish. If you do decide to decline providing additional information KPS may have to restrict the number of services you can access on the grounds of health & safety but we assure you that you will have a right to challenge that decision if you disagree with it. Details of how to do that fall within the complaints procedure which can be found on the KPS website and in the client handbook.

 I decline to provide further personal information.

 I agree to provide further Information.
Please sign and date:

PERSONAL DETAILS

General Health Issues:
Physical Disabilities:
Mental Health Issues:
Other people living in your household and relationship to you:
Please use this space to provide any further information you would like us to know:

Do you agree for us to contact any other agency working with you for information if we feel this is necessary?

YES NO

FLOATING SUPPORT RISK IDENTIFICATION FORM

If the Applicant is known to more than one agency, we may ask these other organisations for information.

Does the applicant have a history of, or current problem with, any of the following?
Please complete every category or tick **NO** if it does not apply

Area of Risk / Issue	No	Yes	Details provided Below?
1. Physical health / disability			
2. Home environment (location, parking, Pets?)			
3. Suicide/suicidal thoughts or threats of Self harm - acts or threats?			
4. Sexual Offences			
5. Drug Misuse			
6. Alcohol Misuse			
7. Other Substance Misuse (aerosols, glue)			
8. Non-use of prescribe medication			
9. Self-neglect			
10. Risk from others (incl; harassment)			
11. Psychiatric / Mental ill-health			
12. Violence to others			
13. Violence to property			
14. Incidence of Arson			
15. Other Offences			

Do you agree for us to contact any other agency working with you for information if we feel this is necessary?

YES

NO

Details of RISKS identified – History – Present Situation – Triggers – etc; (if known)

Are you aware of any other risk assessments which may have been previously undertaken on the applicant? If yes please provide details

EQUAL OPPORTUNITIES

Equal opportunities monitoring - self classification form

This information is being gathered to achieve improvements in KPS equal opportunities and diversity policies. It is important that you complete this form and return it to the KPS address below. This information will be treated in the strictest confidence.

ETHNIC ORIGIN

Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. This does NOT mean country of birth or nationality

I would describe my ethnic origin as:

White - British (A)

White - Irish (B)

White - Other (please specify below) (C)

Asian - Indian (D)

Asian - Pakistani (E)

Asian - Bangladeshi (F)

Asian - Other (please specify below) (G)

Chinese (H)

Black -Caribbean (I)

Black - African (J)

Black – Other (please specify below) (K)

Mixed - White & Black Caribbean (L)

Mixed - White & Black African (M)

Mixed - White & Asian (N)

Mixed - Other (please specify below) (O)

Any other (please specify below) (P)

MARITAL STATUS (Please tick one of the boxes)

- marital status is requested in accordance with the Sex Discrimination Act 1975

Single (S)

Married (M)

Widowed (W)

Divorced (D)

AUTHORISATION SECTION

I **authorise** the disclosure of any information which may be reasonably asked for in connection with my application for support.

All the answers and information I have given in this application are true to the best of my knowledge.

Signed:
(Applicant)

Date:

In cases where the applicant has not or is unable to sign the declaration:

I, the **Referrer** am signing the declaration on behalf of the Applicant. I also confirm that the Applicant is fully aware, understands the reasons and agrees for the referral being made, and has provided consent for me to make this referral on their behalf.

Signed: *(Referral Agency)*

Date:

Please return to:

Kernow Positive Support (KPS)
Housing Related Support
P. O. Box 85
Bodmin PL31 1ZN

Tel: 01872 262221

Fax: 01208 77950

Mob: 07964372514

Help Line: 01208 264866

Email: housing@kpsdirect.com

Website: www.kpsdirect.com