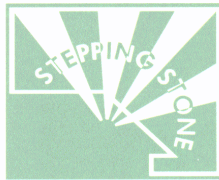


# Stepping Stone Project



# Referral Form

## Rochdale Floating Support Service

Floating Support Service  
Redfearn House  
Ings Avenue  
Rochdale  
OL12 7LH  
Tell 01706 359600  
Fax: 01706 345302  
Email: [floatingsupport@stepping-stone.org.uk](mailto:floatingsupport@stepping-stone.org.uk)  
[www.stepping-stone.org.uk](http://www.stepping-stone.org.uk)

### Section A. Applicant Details

<b>Name</b>		
<b>Gender</b>	<b>Male</b>	<b>Female</b>
<b>Current address</b>		
<b>NI Number</b>		
<b>Date of Birth</b>		
<b>Telephone number</b>		
<b>First Chosen language</b>		<b>Interpreter required</b>
<b>Is the Applicant aware this referral is being made?</b>	<b>Yes</b>	<b>No (Please make the applicant aware)</b>

### Section B. Referring Agency details

<b>Date</b>	
<b>Referring Agency</b>	
<b>Contact person</b>	
<b>Contact number and email</b>	

### Section C. Housing Related Support Need

What Housing Issues do you think the service user needs support with?  
Please tick

<b>Support required</b>	<b>A lot</b>	<b>Some</b>	<b>None</b>
Help with running a tenancy/own home			
Help with registering with utilities			
Developing skills to complete forms			
Developing skills to access/apply for welfare benefits			
Accessing furniture / applying for community care grants etc.			
Dealing with rent arrears / housing benefit / council tax			
Developing budgeting and shopping skills			
Social and communication skills			
Developing cooking skills			
Advice in relation to Cleaning			
Advice in relation to Personal hygiene			
Literacy and/or numeracy			
Accessing employment, education / training			

Accessing leisure and local activities			
--	--	--	--

**Other Support Needs**

Is the service user responsible for any dependent children?  Yes  No  
 If yes please provide details

Do dependent children live with the service user?

Does the service user have a drug misuse problem now or in the past?  
 Yes  No   
 If yes please provide details including current treatment.

Does the service user have an alcohol misuse problem now or in the past?  
 Yes  No  
 If yes please provide details including current treatment

Does the service user need support in relation to mental health?  
 Yes  No  
 If yes please provide details

Has the service user ever had suicidal thoughts or self harmed?  
 Yes  No  
 If yes please provide details

Please state fully any previous convictions the service users may have:

Has the service user ever had any prison sentences/court orders due to convictions?  Yes  No  
 If yes please provide details

Does the service user have any ongoing support needs in relation to reducing offending behaviour?  Yes  No  
 If yes please provide details

Does the service user have any physical health problems?  Yes  No  
 If yes please provide details

Does the Service User have any history of violence or aggressive behaviour?  Yes  No  
 If yes please provide details

Is this person suitable to receive home visits from a lone worker?  
 Yes  No

Does the service user require home visits specifically from a female or male support worker?  Yes  No  
 If yes please specify

Is the service user currently taking any medication?  Yes  No  
 If yes please provide details

Does the service user exhibit any learning difficulties?  Yes  No  
 If yes please provide details

Please give details of any agencies and workers currently supporting service user.

Name	Agency/service	Contact no

--	--	--

**Section D. Accommodation History**

Is the service user currently?

Council tenant <input type="checkbox"/>	Living with friends /relatives <input type="checkbox"/> and moving to a new home Please give date of move.....
Housing assoc <input type="checkbox"/>	Hostel / Supported accom. <input type="checkbox"/> and planning to move on Please give date of move .....
Private rented <input type="checkbox"/>	Sleeping rough <input type="checkbox"/>
Owner Occupier <input type="checkbox"/>	Foster Care / Children's home <input type="checkbox"/>
B&B <input type="checkbox"/>	Probation / Bail hostel <input type="checkbox"/>
Hospital <input type="checkbox"/>	Residential Care home <input type="checkbox"/>
Prison <input type="checkbox"/>	Other ... <input type="checkbox"/>

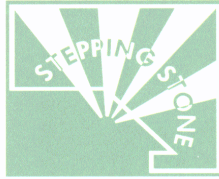
Section E. Date and Signature of person making the referral

Signature:

Print Name:

Capacity:

Date:



## STEPPING-STONE PROJECT SERVICE USER RISK ASSESSMENT FORM

NAME		DATE OF BIRTH	
ADDRESS			

Presenting Problems (including views of service user, support staff and referrer):

Danger / Risk to Others	Current	Previous History	Brief Description of the risk and how it will be managed (if applicable)	Are Risk Low, Medium or High
Aggression / Violence to Others				
Arrest for Violence				
Conviction for violent or sexual offence				
Preoccupation / Obsession with weapons				
Arson / Fire Setting				
Hostage Taking				
Threats to kill / harm others				

Sexual abuse / Other abuse towards others				
Stalking / Harassment				
Other				
Self Harm	Current	Previous History	Brief Description of the risk and how it will be managed (if applicable)	Are Risk Low, Medium or High
Suicidal Attempts				
Suicidal Ideation				
Suicidal Plans				
Self-harm / Injury (e.g. cutting, poisoning, burning)				
Substance Misuse				
Other				

Self Neglect	Current	Previous History	Brief Description of the risk and how it will be managed (if applicable)	Are Risk Low, Medium or High
Poor nutrition				
Poor personal hygiene				
Unable to cook / have good diet				
Unable to wash / dress self				
Poor budgeting				
Other				

Vulnerability	Current	Previous History	Brief Description of the risk and how it will be managed (if applicable)	Are Risk Low, Medium or High
Non-compliance with medication				

Disengagement from mental health services				
Recent bereavement or loss				
Sexual abuse / other abuse				
Victimisation				
Recent Discharge				
Recent Pregnancy				
Other				

**Assessment completed by:**

TITLE		NAME	
ADDRESS			
TELEPHONE			
FAX			
EMAIL			
RELATIONSHIP TO YOU			

Are you lacking appropriate information or unable to fully assess for other reasons? <i>If yes, please describe:</i>	Yes / No

<b>Signature:</b>		<b>Date:</b>	
-------------------	--	--------------	--

<b>Review Date:</b>	
---------------------	--