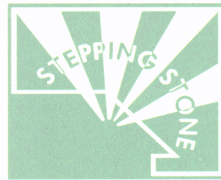


Stepping Stone Project



Referral Form

Trafford Young Persons Floating Support Service

(Trafford YPS)

Trafford Young Persons Floating Support Service
Spa Mill
14 Whittle Court
Burnley
BB12 0LY
Tell 01282 455780
Fax: 01282 455799
Email: trafford@stepping-stone.org.uk
Web: www.stepping-stone.org.uk

Eligibility

The service will consider applications from people at risk of becoming homeless aged 16-25 yrs who have a housing related support need and who require a low to medium level of support

The service is primarily a housing-related support service. However, support in meeting other non housing- related needs will be met through partnership working and signposting to appropriate agencies

Stepping Stone Project does not have a blanket exclusions policy. Applications may be refused where the applicant's needs do not match the aims of the service, such as where:

- Applicants do not require a housing related support service
- Risks associated with the delivery of the service cannot be managed
- Applicants who have a support need or needs that are too high to be met by this service
- Applicants refuse to sign the declaration or disclaimer section of the interview form.
- Applicants have knowingly failed to declare or given false information at the interview stage.
- Applicants who are identified as being an unmanageable risk to support staff

This is not an exhaustive list and referrals may not be successful for other reasons. All applications will be considered on their own individual circumstances.

All applicants need to demonstrate a willingness to engage in the support provided, although Stepping Stone recognise that the Service Users we will be working with may be living a chaotic lifestyle.

Where a referral is not accepted the applicant and referral agency (if applicable) will be contacted and advised in writing of the reasons for this decision. Advice and information will be offered to the applicant, on other options for alternative support.

The applicant will also be advised of the appeals procedure.

Referrals can be made by any agency or the applicant themselves. Referrals can be made by e-mail, telephone, fax, post, or by the applicant presenting in person.

Section A. Applicant Details

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

Section B. Referring Agency details

Date	
Referring Agency	
Contact person	
Contact number and email	

Section C. Housing Related Support Need

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

Support required	A lot	Some	None
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 (This cannot be guaranteed)

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"/>

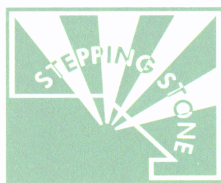
Section E. Date and Signature of person making the referral

Signature:

Print Name:

Capacity:

Date:



STEPPING-STONE PROJECT SERVICE USER RISK ASSESSMENT FORM

NAME		DATE OF BIRTH	
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ADDRESS	
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Presenting Problems (including views of service user, support staff and referrer):

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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

Signature:		Date:	
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Review Date:	
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