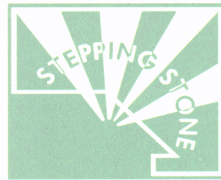


# Stepping Stone Project



# Self Referral Form

## Trafford Young Persons Floating Support Service

(Trafford YPS)

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

Do you have any learning difficulties, problems completing forms?

Yes  No

If yes please contact us on 01282 45780 and someone will help you.

### **Eligibility**

The service will consider applications from people at risk of becoming homeless aged 16-25yrs 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

<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>

## Section B. Housing Related Support Need

What Housing Issues do you think you need 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

Are you responsible for any dependent children?  Yes  No  
If yes please provide details

Do dependent children live with you?  Yes  No

Do you have a drug misuse problem or have you had one in the past? Yes No

If yes please provide details including current treatment.

Do you have an alcohol misuse problem or have you had one in the past? Yes No

If yes please provide details including current treatment

Do you need support around mental health? Yes No

If yes please provide details

Has you ever had suicidal thoughts or self harmed? Yes No

If yes please provide details

Please state fully any previous convictions you may have:

Have you ever had any prison sentences/court orders due to convictions? Yes No

If yes please provide details

Do you have support needs around reducing offending behavior?

Yes No

If yes please provide details

Do you have any physical health problems? Yes No

If yes please provide details

Do you have any history of violence or aggressive behaviour?

Yes  No

If yes please provide details

Do you require home visits specifically from a female or male support worker?  Yes  No

If yes please specify (This cannot be guaranteed)

Are you currently taking any medication?  Yes  No

If yes please provide details

Please give details of any agencies and workers currently supporting you.

Name	Agency/service	Contact no

### Section C. Accommodation History

Are you 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 D. Date and your signature**

Signature:

Print Name:

Date: