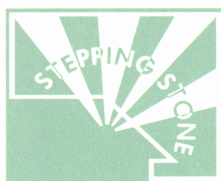


Stepping Stone Project



Self Referral Form

Wigan Complex Needs Floating Support Service

(Wigan CNS)

Floating Support Service
Redfean House
Ings Avenue
Rochdale
OL12 7LH
Tell 01706 359600
Fax: 01706 345302
Email: floatingsupport@stepping-stone.org.uk
www.stepping-stone.org.uk

Do you have any learning difficulties, problems completing forms?
 If yes please contact us on 01706 359600 and someone will help you.

Section A. Applicant Details

Name		
Gender	Male	Female
Current address		
NI Number		
Date of Birth		
Telephone number		
First Chosen language		Interpreter required

Section B. Housing Related Support Need

What Housing Issues do you think you need 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

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

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 E. Date and your signature

Signature:

Print Name:

Date: