

# BrentReach


## Floating Support Referral Form

Form to be fully completed and sent to : [brentreachreferrals@thamesreach.org.uk](mailto:brentreachreferrals@thamesreach.org.uk)

### REFERRAL SOURCE

SELF-REFERRAL       RELATIVE/CARER REFERRAL   
 AGENCY REFERRAL       OTHER – Please specify \_\_\_\_\_

1. YOUR DETAILS			
First name		Family Name	
Address		Telephone /Mobile number	
		Ni Number	
E-mail Address			
Date of Birth		Age	Years
Gender: Please indicate		Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Ethnic origin :		Nationality	
Religion :		None <input type="checkbox"/> Muslim <input type="checkbox"/> Christian ( all denominations ) <input type="checkbox"/> Sikh <input type="checkbox"/> Buddhist <input type="checkbox"/> Any other religion <input type="checkbox"/> Hindu <input type="checkbox"/> Not known <input type="checkbox"/> Jewish <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>	
Disability: Please give details			
Are you pregnant?		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, date due ___/___/___	
First Language – Spoken/Written			
Do you require an Interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/> Please state language:	
What is your Immigration Status?			
Please give details			

What benefits are you're Receiving? Amount?	
Sexual orientation	 <b>Bisexual</b> <input type="checkbox"/> <b>Lesbian</b> <input type="checkbox"/> <b>Gay</b> <input type="checkbox"/> <b>Heterosexual</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/>

<b>2. REFERRAL AGENCY DETAILS:</b>	
Referring Officer's Name	
Referring Officer's Title	
Organisation	
Address	
Telephone/Mobile number	
Fax Number	
E-mail Address	

<p><b>3. CURRENT ACCOMMODATION:</b></p> <p>Type of Accommodation : _____</p> <p>How long lived there/Tenancy Start date: _____</p> <p>(a) If a Rough Sleeper, please give CHAIN number _____</p> <p>(b) Current Landlord details (where relevant) _____</p> <p>_____</p> <p>_____</p> <p>Brief Housing Situation :</p> <p>_____</p> <p>_____</p> <p>_____</p>
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4. Mental health	
Has mental health difficulties? Yes / No	
Mental health difficulties?	<p>Aggressive or violent towards others <input type="checkbox"/></p> <p>Difficulty sleeping <input type="checkbox"/></p> <p>Feel depressed <input type="checkbox"/></p> <p>Hard to control anger <input type="checkbox"/></p> <p>Hear voices <input type="checkbox"/></p> <p>Often feels anxious <input type="checkbox"/></p> <p>Often feels stressed <input type="checkbox"/></p> <p>Panic attacks <input type="checkbox"/></p> <p>Self-Harm <input type="checkbox"/></p> <p>Suicidal thoughts <input type="checkbox"/></p> <p>OTHER :</p>
	<p><b>MH difficulties &gt; 12 months</b> : Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>Has mental health diagnosis:</b>	Bi-polar disorder <input type="checkbox"/>  Depression <input type="checkbox"/>  Dual diagnosis <input type="checkbox"/>  Personality Disorder <input type="checkbox"/>  Post-traumatic stress disorder <input type="checkbox"/>  Schizophrenia <input type="checkbox"/>  Other mental health diagnosis <input type="checkbox"/>  Please state OTHER :	Date of Diagnosis :
<b>Has CPA Status?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>CPA contact details? If applicable</b>		
<b>Any Other Comments :</b>		

<b>5. Physical Health :</b> Has physical health problems : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physical health problems :		
Any other comments: e.g. Medication etc.		
Registered with GP :	Yes/No	
GP Details : Name , contact details		

<b>6. Substance Misuse :</b>	
Take drugs or used to :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments :	
Has alcohol problem (or recovering) :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments :	
Any intervention	

<b>7. HOUSING HISTORY:</b>			
Date From	To	Address	Reason for Leaving

<b>8. Offending</b>	
Had reprimands/warnings/cautions	
Convicted of an offence	
Currently involved with probation	
Gang affiliation : Yes / No	
Comments :	

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**Office Use Only**

<b>Accepted for ongoing support</b>	<b>Yes/No</b>		
<b>Date Support Started</b>		<b>Date Support Ended (If brief Intervention)</b>	
<b>Has service user had support previously?</b>			
<b>Previous LOCATA number if known</b>			
<b>Brief details of ongoing support to be provided.</b>			

Name [PRINT] \_\_\_\_\_

D.o.B: \_\_\_\_\_

Thames Reach needs to collect information about you and whatever involvement we have with you and work we do on your behalf to make sure we have a proper record of our work.

We will respect your right to privacy at all times but we will need to record appropriate information e.g. your name, age and information such as your health and support needs, rent/benefit information and your use of our services. This is important to monitor the quality of what we do and for funding reasons. *[If you are maintaining a street lifestyle we may also share this with other agencies in London responsible for providing services to homeless people, to help us get you the services you need and provide important statistics.]*

The information will be stored on computer and in paper files. It is protected by strict security measures and will not be kept longer than 7 years (rent & financial records) and 5 years (other records) after you stop using the organisation. Only if we have serious concerns about your safety, the safety of others, or if legislation makes it lawful for us to do so, would we pass information to another organisation or authority without first seeking your permission. With reasonable notice you are entitled to see the entire record we have about you. Please sign below to confirm consent.

**Declaration:**

I consent to Thames Reach staff and their agents collating and storing information about me and \_\_\_\_\_, when appropriate, sharing, keeping and receiving information with the individuals, agencies and statutory bodies listed below. I understand that I am entitled to see any information kept about me and \_\_\_\_\_ register my views about anything which I believe to be incorrect.

Signature :

Date:

For the purposes of the Data Protection Act 1998 your data controller is the Operations Director of Thames Reach and your data will be processed to provide a resettlement plan and care packages. In accordance with the Act THAMES REACH reserves the right to record general information about you without consent (e.g. name, address, NI number). If you do not sign this form and agree to the appropriate agencies below we may not be able to record our work with you and this may affect the work that we can do with you.

**Professionals/Agencies:**

*Delete by striking a line through the agency if consent has NOT been given:*

**Others :**

*Please detail any other contacts below consent and strike through to avoid leaving blank:*

Accommodation provider(s) *[to help with referrals and resettlement]* \_\_\_\_\_

CHAIN *[this is the Combined Homelessness & Information Network to link in with other agencies e.g. key London homelessness organisations and statutory authorities with responsibility for your care]* \_\_\_\_\_

Dept Work & Pensions / Housing Benefit *[to help with benefit entitlements]* \_\_\_\_\_

Doctor / Primary Health Care Team *[to help with health advice/appointments]* \_\_\_\_\_

Hospital / Ambulance Service *[to improve healthcare and in an emergency]* \_\_\_\_\_

Mental Health Team / Psychiatrist *[to help with holistic care and support]* \_\_\_\_\_

Probation Service *[to help with advice and offending management programmes]* \_\_\_\_\_

Substance Misuse Team *[to help with holistic care and support]* \_\_\_\_\_

Supporting People Team *[For quality, funding & contractual reasons]* \_\_\_\_\_