

Family Mosaic

Date: _____ How did they hear about FM: _____

Referral Form for Floating Support

Any special instructions to note before contact with customer? Y / N
 (If yes, please note:) _____

Customer Name: Mr/Mrs/Ms..... **Gender:** M / F / T

Date of Birth: **Marital Status:** **N I Number:**.....

Tel: **Mobile:**

Email Address:

Address:..... (circle - Private / Council / Housing association)

..... **Landlord:**

Postcode:..... **Length of Time at address:**.....

Next of Kin: Name:
 Relationship:
 Address:
 Tel/Mob:

Other Agency

Keyworker:.....
Email:
Address:

Tel:

Household Members:

Name	Date of Birth	Relationship

GP Name: **GP Telephone number:**

GP address:

Disability

Customer does not know		Declined to comment		None		Progressive / Chronic Illness		Wheelchair User (Full)	
Blind		Co-ordination Difficulties		Hearing Impairment		Speech Impairment		Wheelchair User (partial)	
Learning Difficulties		Limited Mobility		Mental Health		Visual Impairment			
Partial Hearing		Partially Sighted		Profoundly Deaf		Other			

Communication Needs

Customer does not know		Declined to comment		None	
Audio		Braille		Large Print	
Sign Language		Interpreter		Sign Supported English	

Religion:

Sexuality:

Ethnic + Country of Origin:

First Language:

Does the applicant have somewhere to stay tonight? **Y / N**
 Is the applicant homeless now? **Y / N**
 Will the applicant be homeless within the next month? **Y / N**
 Is the applicant about to lose or be evicted from their home? **Y / N**
 As the applicant received a letter from their landlord, Notice, Court Order or Bailiff's Warrant? **Y / N**
 Is the applicant about to go or at risk of going into care, hospital or prison? **Y / N**
 Is the applicant about to take up new accommodation? **Y / N**
 Does the applicant feel vulnerable to and/or at risk of violence or harassment? **Y / N**
 Has the applicant left or about to leave care, hospital or supported housing? **Y / N**
 Is the applicant involved with any ASB or ABC cases? **Y / N**

Has a risk assessment been received? YES / NO

Does the applicant have any known risk issues to themselves or members of the public/relatives? Y / N

(If yes, please provide details below)

Does the applicant have any previous/current cautions and / or convictions? YES / NO

(If yes, please provide details below)

Employment Status: *(please mark with X)*

ESA	JSA	SSP	PIP	SMP	DLA		Universal Credit
Housing Ben	Employed FT/PT Other:	Council Tax Support	Pension – State / Credit / Private	Income Support	Child Benefit	Child Tax Credit	Work Tax Credit

Does the applicant have any other needs/problems: *(please mark with X)*

Drug	Alcohol	Mental Health	Offender/at risk of offending	Teenage Parent
Young person leaving care	Young Person at risk	Frail/Elderly	Escaping domestic abuse	Physical Disability
Sensory impairment	Older person, mental health	Older person support needs	Learning disability	Mentally disordered offender

What are the immediate concerns: *(What support is required?) – please write in detail*

Applicant Consent Form

I give my permission to Family Mosaic to seek any necessary information to help my application from other relevant stakeholders and agencies.

Name of person taking referral:

Referring agent name/organisation:.....

Applicant's signature:.....Date:.....

Verbal agreement given **Y / N**