

INDEPENDENT LIVING AGENCY

Floating Support Referral

Service User's Contact Details

Full Name			
Address			
DOB		NI Number	
Email			
Phone		Mobile	

Referrer's Contact Details

Name			
Address			
Position			
Email			
Phone		Mobile	

Please tick what support is required

<input type="checkbox"/> Housing Support	<input type="checkbox"/> Homeless Support
<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Re-Housing
<input type="checkbox"/> Rent Arrears	<input type="checkbox"/> Temporary Accommodation
<input type="checkbox"/> Rent Shortfall	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Council Tax	<input type="checkbox"/>

Referrer's Request Notes

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Is it safe for a lonely support worker Yes No

Any other risks the support team should be aware of:

Other Agencies Involved

Other Support Needed

Yes

No

Does the services user need an interpreter

If yes what language

Has the service user got any impairments

Please give more information
Being treated for terminal cancer.

Does the service user have access to public funds?

Is the service user in receipt of benefit

If yes please select which one

PIP

IS

Other

UC

ESA

DLA

Tax Credits

Service User 's Ethnicity	
Asian/Asian British	Mixed/Multiple Ethnic Group
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Chinese	<input type="checkbox"/> White and Black African
<input type="checkbox"/> Indian	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Mixed
Black/African/Caribbean/Black British	White
<input type="checkbox"/> African	<input type="checkbox"/> British
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Irish
<input type="checkbox"/> Black British	<input type="checkbox"/> Gypsy or Irish Traveller
Other Ethnic Group	<input type="checkbox"/> Other
<input type="checkbox"/> Arab	
<input type="checkbox"/> Any other group	

Gender	Sexual Orientation
<input type="checkbox"/> Man	<input type="checkbox"/> Straight /Heterosexual
<input type="checkbox"/> Woman	<input type="checkbox"/> Gay or Lesbian
<input type="checkbox"/> _____ (fill in the blank)	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Prefer to self-describe
	<input type="checkbox"/> Prefer not to say

Supporting documents

“Giving back choice and control since 1996”

Registered charity No. 1064099

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