

**RADIUS FLOATING SUPPORT - REFERRAL /
ASSESSMENT FORM**

<u>Office use only:</u>	
Referral Date:	Service start date:
Initial assessment by:	Coordinator assigned to:

Name		
Address		
DOB		
NI Number		
H&C Number		
Phone number		
Mobile number		
Next of Kin Contacts:		
Name and relation		
Address		
Telephone		
Does Applicant live alone?	Yes / No	

GP Details:	
<p>Relevant Medical History</p> <p>Please provide details of any physical illness</p> <p>Please provide details of any physical disability</p> <p>Please provide details of any mental illness</p>	
Does the applicant have any special requirements?	
Language	
Sensory impairment	
Literacy/numeracy skills	

What is the applicant's housing status (tenure type):

NIHE	
Private rented	
Housing Association	
Home owner	
Sheltered	
Temporary accommodation	

Other agency involvement (current or previous) -	
Is the applicant in contact with any of the following services?	
Older people's Support Service	Yes / No
Community Mental Health Team	Yes / No
Community Drug and Alcohol Team	Yes / No
Other	Yes / No
Please provide details:	
Organisation	
Named worker and position	
Contact Details	

Does the applicant have any known risk issues?

Relating to themselves	YES / NO
To/from others	YES / NO
Risk to staff	YES / NO
If yes, please give details:	

What are the applicant's support needs?	
Accommodation – Does the applicant need support in finding/keeping/managing their accommodation?	
Advice on Housing Rights	
Household Maintenance	
Home Safety	
Money/budgeting - Does the applicant need support in managing their finances?	
Benefits advice	
Budgeting	

Life skills - Does the applicant need support/guidance with day to day activities eg cooking, cleaning, hygiene, correspondence, shopping?

Domestic skills	
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Assistance with daily routine	
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Completing forms	
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Health and wellbeing - Does the applicant need support with their health requirements?

Managing appointments	
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Access to health services	
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Community/social networks - Does the applicant need support with finding/attending social activities?

Socialising / peer group support	
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Socially isolated	
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Community Information	
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Access to transport	
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Other relevant information relating to this referral?

Referred by:	
Date:	
Radius Housing Association	
Received by:	
Date:	

**Please return to [HYPERLINK](mailto:coordinatorscheme@radiushousing.org)
"mailto:coordinatorscheme@radiushousing.org"
coordinatorscheme@radiushousing.org or**

**Radius Floating Support Service, 12 St Pauls Fold, Canning
Place, North Belfast, BT15 1FT**

HF180.2

Page PAGE 1 of NUMPAGES 6

14/02/2018