

**BLAENAU GWENT COUNTY BOROUGH COUNCIL FLOATING SUPPORT
SCHEME – REFERRAL FORM**

The Floating Support Service

Floating Support is a free and confidential service to the residents of Blaenau Gwent. It can provide you with support services in your own home that enables you to maintain your independence. Some examples of the type of support the service can offer are: advice with budgeting, help and advice with housing issues, support to improve confidence and self esteem and support to help develop daily living skills. Support can be provided for a few weeks or months, depending on your needs.

In order to be eligible for the service you must be:

A resident of Blaenau Gwent

A minimum of 17 years old

Be prepared to co-operate with a Support Worker in order to benefit from the service and require support which can be timescaled and outcome led.

PERSONAL DETAILS

Please complete in block capitals

Title (please delete where appropriate): Mr/Mrs/Ms/Miss

Forename:.....

Surname:.....

Address:.....

.....

.....

Telephone number:.....

Date of birth:.....

CURRENT ACCOMMODATION

Please tick where applicable:

Owner occupier Local Authority Housing Association

Private landlord No fixed abode

Other, please specify:

If 'no fixed abode' please give a contact name and address:.....

.....

.....

PREVIOUS SUPPORT

Have you previously been referred to Blaenau Gwent County Borough Council's Floating Support Scheme? YES NO

If yes please state when referred:

CURRENT SUPPORT

Are you currently receiving support from another agency (e.g. Social Services Home Care Department)? YES NO

If yes, what service do you receive?.....

.....

Do you currently have a Social Worker? YES NO

If yes, please state name of Social Worker:.....

REFERRAL

Who is making the initial referral? Please tick

Self referral Referring agency

Name of referring agency:.....

Name of referring officer:.....

Address:.....

Telephone number:.....

SUPPORT REQUIRED

Please give a brief outline of the support you require and the reasons why:

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Please outline the issue that is most relevant to the type of support you require (please tick one box only):

Domestic abuse	
Learning difficulties which affect your ability to live independently	
Mental health issues	
Alcohol issues	
Drug use	
Physical mobility	
Young and vulnerable	
Older Persons	
Criminal justice issues	
Single and homeless	
Chronic illness which affects your ability to live independently	
A single parent	
Other	

LENGTH OF SUPPORT

How long do you think you will need support?

Up to 6 months Between 6-18 months Longer than 18 months

Declarations

I declare that I have read and understood the information and I have completed the form to the best of my ability:

Signed:..... (applicant)

Date:.....

If Signing on Behalf Of The Applicant

Please state reason:.....

I confirm that I have explained the Floating Support Service to the applicant and he/she has agreed to engage with a Support Provider:

Signed:.....

Agency:.....

Date:.....

Please return to the Floating Support Manager, Michelle Wyatt, Supporting People Team, Social Services, Blaenau Gwent County Borough Council, Anvil Court, Church Street, Abertillery, NP13 1DB, telephone 01495 354681, email address:michelle.wyatt@blaenau-gwent.gov.uk

Equal Opportunities

Blaenau Gwent County Borough Council is committed to a policy of equality in the services it provides. In order to monitor how well our policy is working in relation to Floating Support, please provide the details requested below. This information will be treated as confidential and used only for a monitoring purpose.

Sex Male Female

Employment Status Full time Part time

Do you have a disability No Yes

Please indicate your current age band

17-19 20-29 30-39 40-49 50-59
60-69 70-79 80-99

How would you describe your ethnic origin? (please circle/underline appropriate description)

White

British

Irish

Any other white background
(please specify)

Black or Black British

Caribbean

African

Any other black background
(please specify)

Chinese or other Ethnic

Group

Chinese

Other
(please specify)

Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background
(please specify)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please specify)
