**Tower Hamlets floating support  
referral form**Please complete this form and send it to: [TowerhamletsFS@peabody.org.uk](mailto:TowerhamletsFS@peabody.org.uk)

If you have any questions you can email us, or call: 020 3828 4916

## Referral overview (part 1 of 7)

|  |  |
| --- | --- |
| What type of referral is this? | Self-referral  Agency referral  Other |
| Date of referral |  |
| Please sign the box on the right (this can be the referrer or the person being referred).  By signing and submitting this referral, the person being referred agrees that Peabody will store and process this information as outlined in our privacy notice. The customer has rights under the Data Protection Act 2018 which they can exercise at any time by contacting us. |  |
| Do you or the person being referred have any special communication needs?  e.g. large print, alternative language or interpretation. |  |
| Has the person being referred agreed to this referral? | Yes  No |
| Name of referrer (if different to the person being referred) |  |
| Agency (if relevant) |  |
| Telephone |  |
| Email |  |

## About the person being referred (part 2 of 7)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Local authority |  |
| Telephone number |  |
| Email |  |
| Date of birth |  |
| National Insurance number |  |
| Gender | Male  Female  Non-binary |
| Marital status |  |
| Sexuality |  |
| Religion |  |
| Ethnic origin |  |
| Nationality |  |
| What is their accommodation status? | Homeowner  Tenant  Living with family  Living with friends |
| If they are a tenant please provide landlord details (name, contact details, address) |  |
| How long have they been at this address? |  |
| How long have they lived in this area? |  |
| Are they homeless or at risk of losing their accommodation? | Homeless  At risk  Neither |

## Next of kin (part 3 of 7)

If there is no next of kin, please skip this section.

|  |  |
| --- | --- |
| What is the name of the next of kin? |  |
| What is their relationship to the person being referred? |  |
| Contact numbers |  |
| Address |  |
| May we contact the next of kin if required? | Yes  No |

## Income (part 4 of 7)

|  |  |
| --- | --- |
| What is their employment status? | Full-time employment  Part-time employment  Temporary employment  Unemployed |
| Do they receive any other income or welfare benefits? | Universal credit  IS/ESA/JSA  PIP (DLA/AA)  Pension/PC  None |
| Do they receive any other income or benefits not listed above?  (if so, please state) |  |

## Urgency and needs (part 5 of 7)

|  |  |
| --- | --- |
| Are they registered with a GP? | Yes  No |
| Do they have a disability? | Yes  No |
| If yes, please describe their disability |  |
| Is this an urgent referral? | Yes  No |
| If yes, please describe the immediate need |  |
| Do they have any other needs? |  |

## Risk screening (part 6 of 7)

|  |  |
| --- | --- |
| Does the customer pose any known risks to themselves or others? | Yes  No |
| Do they have any criminal convictions or cautions? | Yes  No |
| Please describe any **environmental risks**.  Examples:   * Standard of accommodation   (internal/common areas /external)   * Poor accessibility * Other |  |
| What are the triggers? |  |
| How can these risks be managed? |  |
| Who might be affected by the environmental risks? | Self  Visitors  Neighbours  Staff  Others |
| Please describe any **vulnerability risks**.  Examples:   * Known neighbourhood issues * Inapproriate relationship building * Risk of abuse * Domestic Violence * Other |  |
| What are the triggers? |  |
| How can these risks be managed? |  |
| Who might be affected by these vulnerability risks? | Self  Visitors  Neighbours  Staff  Others |
| Please describe any **substance misuse risks**.  (Outline any known problems in this area, details of the extent of the problem, whether any help is being sought or provided etc.) |  |
| Who might be affected by these substance misuse risks? | Self  Visitors  Neighbours  Staff  Others |
| Please describe any **mental health risks**.  Examples:   * Suicide/self harm * Eating disorders * Diagnosis * Engagement with services * Other |  |
| What are the triggers? |  |
| How can these risks be managed? |  |
| Who might be affected by these mental health risks? | Self  Visitors  Neighbours  Staff  Others |
| Please describe any known **risks to others**.  Examples:   * Physically/sexually abusive * Verbally/mentally abusive * Inappropriate relationship building/behaviour * Weapons * Other |  |
| What are the triggers? |  |
| How can these risks be managed? |  |
| Who might be affected by these risks to others? | Self  Visitors  Neighbours  Staff  Others |
| Please describe any **physical health risks**.  Examples:   * Mobility issues * Life limiting conditions * Contagious/transferrable conditions * Other |  |
| Please describe any **other risks**. |  |

**Other agency involvement (part 7 of 7)**

Please tell us about any other agencies or professionals that are involved with the customer.

|  |  |
| --- | --- |
| Contact name |  |
| Agency / position |  |
| Phone or email |  |
| Involvement |  |

|  |  |
| --- | --- |
| Contact name |  |
| Agency / position |  |
| Phone or email |  |
| Involvement |  |

|  |  |
| --- | --- |
| Contact name |  |
| Agency / position |  |
| Phone or email |  |
| Involvement |  |