



**FLOATING SUPPORT SERVICE**

ID Number:

**Application Form for Floating Support**

We will use the information contained in this application form to help us decide if we can meet your needs. The information given will be treated as strictly confidential.

**For referral agency use only:**

<b>Name of person referring:</b>	
<b>Contact tel. No.:</b>	
<b>Address of referring agent:</b>	
<b>Date Referred:</b>	

**Please return completed forms to the following address:**

**Sandwell Homes,  
Community Care Unit,  
Dartmouth House  
Sandwell Road  
West Bromwich  
West Midlands  
B70 8TQ**

**1. Applicants details**

**Partner's details**

Name:		
Address:		
Postcode:		
Tel No:		
Date of birth		
Male/ Female		
National Insurance Number		

Do you require an interpreter                      Yes                No       

If Yes, please state which language                      \_\_\_\_\_

**2. Current situation**

People require support for many different reasons. Please tick the areas you think you require support with.

Rent arrears/other debts	
Facing eviction	
Welfare benefits advice/assistance with budgeting	
Resettlement/help to set up home	
Developing domestic/life skills	
Developing social skills/behaviour management	
Peer support and befriending	
Help with gaining access to other services	

Other please describe:

We have listed below the main types of needs, which our service users have. Please tick the one(s), which you feel may apply to you/your partner.

<b>Support Need</b>	<b>This is my main support need</b> (Please tick one box only)	<b>I also need support because of the following</b> (tick as many boxes as apply to you)
I am aged over 65 and need support		
I am aged over 65 with a mental health problem		
I am aged over 65 with a serious physical illness or disability		
I have a mental health problem, or I have been treated for a mental health problem		
I have a learning disability		
I have a physical or sensory disability		
I am single, homeless and need support		
I have/had a drink problem		
I have/had a problem with drugs		
I am an offender or at risk of offending		
I am an offender and have a mental health problem		
I am a young person leaving care		
I am a young person at risk		
I am at risk of domestic violence		
I have AIDS or I am HIV positive		
We are a homeless family and need support		
I am a refugee		
I am a teenage parent		
I am a traveller		
I am a rough sleeper		

I don't think I have any support needs

*We will discuss this in more detail when we meet you.*

Are you receiving support from any other support agencies?

Yes  No

If yes, please give details

**3. Type of accommodation you are occupying at the time of making this application?**

Local Authority accommodation (general needs)	
RSL/Housing Association tenant (general needs)	
Private tenant	
Tied home or renting with job	
Owning or buying	
Supported house	
Direct access hostel	
Women's Refuge	
Foyer	
Housing for older people	
Residential care home	
Living with family	
Hospital	
Prison	
Approved probation/bail hostel	
Children's home/foster care	
Bed and breakfast	
Short Life Housing	
Staying with friends	
Staying with family	
Mobile home/caravan	
Other temporary accommodation	
Rough sleeper	
Other please specify	

Are you under threat of homelessness? Yes  No

Date

**4. Additional Information**

Please use this space to tell us why you think you might need floating support  
(Please continue on a separate sheet if necessary)

Would you like an appointment in the:    Morning    Afternoon    Any  
**(Please circle above)**

Please give details of someone we can contact for further information about  
your application (e.g. Health Visitor, CPN, Social Worker, Probation Officer, or  
other professional who is familiar with your support needs).

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Status	<input type="text"/>	Status	<input type="text"/>

5. Consent Form



**FLOATING SUPPORT SERVICE**

**Community Care Unit  
 Floating Support Service  
 Sandwell Homes  
 Dartmouth House  
 Sandwell Road  
 West Bromwich  
 B70 8TQ**

**As far as I know, the answers I have written on this form are true. I understand that the organisation reserves the right to withdraw support, which has been obtained by deliberately providing false information or withholding essential information.**

**Authority to Act on Behalf of and request Information**

"I.....

**D.O.B. ..../..../....      N.I. No.:.....**

**Authorise the Floating Support Team to contact, request information and to act on my behalf with agencies and authorities as necessary"**

**Signed**  **Date**

**Print Name**

**Name and status of third party (if signing on applicant's behalf)**

**Name**  **Status**

### 6. Statistical Information

This information will be kept separately from your application and will be used, without names, for statistical purposes to help us to maintain a fair housing policy and equality of opportunity.

#### What is your ethnic origin?

**a) White:**

- British
- Irish
- Other

**b) Mixed:**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

**c) Asian or Asian British:**

- Indian
- Pakistani
- Bangladeshi
- Other

**d) Black or Black British:**

- Caribbean
- African
- Other

**e) Chinese or other ethnic group:**

- Chinese
- African
- Other

Male

Female

Do you consider yourself to  
Have a disability?

Yes

No