

Oxfordshire Common Referral Form for Mental Health Based Supported Housing and Floating Support Services



This form is for use throughout Oxfordshire to make referrals to existing mental health based supported housing and the specialist floating support services, this can be filled in by you or for someone else. People wishing to refer to the generic floating support services should contact Stonham (01865 335334) or Connection (01865 711267) to get a copy of their referral form.

Please complete this form in full. Failure to include the following documents, if they apply to you, will delay your application:

- 1. Current risk assessment and/or psychiatric report**
- 2. Forensic history report or CPA information(if you are on CPA)**

Return this form to one of the agencies whose addresses are printed on page 3 that you wish to receive support from.

Information for applicants

Once you have completed this form, you may send it or copies of it, to any of the services whose details you will find on the next page. Where you have said that you are happy for your information to be shared with other agencies, we will do this. By doing this, we hope to save you the time and trouble of filling this and other forms out more than once.

Once the services get your form, they may ask for more information and they will be back in touch to do this. Once they have sufficient information, and are confident that you are eligible for their service, they will be in touch to arrange an interview. The interview will be your chance to ask more questions and for the service to decide whether they can offer you support.

Each of the services using this form has their own standards and complaints procedures which you can use to appeal if you think the decision they have made is wrong or unfair. Call any of the numbers on the next page for more details of how to do this.

Not all of the services may be right for you, so please call any of the providers to check whether the support they can offer is the support that you need. If you would like more details on what services are available you can call the Oxfordshire Mental health information line on 01865 247788 or by looking at www.omhi.org.uk.

By signing this form you are agreeing to pass information to the providers of services which you are applying for. Any information that you give us will be treated as confidential and subject to the data protection act 1998, by all services. You may, at any time, request access to the personal information held about you. All information we receive can be shared with the applicant

We may also need to obtain relevant reports or information from sources other than the referees you have provided. We will contact you to seek your permission to do this.

If you do not wish to share the information on this form, or to provide details which will support your application, that may result in your application not being pursued.

Your name:

Your supporter/referrer's name:

Signature of applicant

Signature of supporter

Date _____

Date _____

I have supported the applicant to complete this form.

I have included a copy of my current CPA, current risk assessment or risk history

In order to be considered as an applicant for a service tick the relevant box or boxes below:

	<p>A2 Dominion Housing Group, 1 Paradise Street, Oxford, OX1 1HE TEL: (01865) 260501</p> <p>We provide the complex needs beds at Simon House, offering support for people with mental health issues and complex needs. Please call for details</p>	
	<p>Bromford Support, Garden House, Ivy Close, Hollow Way, Oxford, OX4 2NB. TEL: (01865) 401317</p> <p>We provide medium support within self contained supported housing schemes for individuals in Bicester and Banbury, with high support accommodation in Oxford. Please call for details.</p>	
	<p>The Elmore Team, 174b Bullingdon House, Cowley Road, Oxford OX4 1UE. TEL: (01865) 200130</p> <p>Providing intensive floating community support to people with complex multiple needs including mental health. Please call for details</p>	
	<p>Kingfisher HVHS Housing group, Saxon Court, Sarum Hill, Basingstoke, Hampshire, RG21 8SR. TEL: (01256) 302302.</p> <p>Providing self-contained accommodation in Abingdon, Wantage, Wallingford, Henley and Thame, and shared supported accommodation in Cholsey. Please call for details.</p>	
	<p>Oxfordshire Mind Housing, 2 Kings Meadow, Oxford OX20DP. TEL: (01865) 263759</p> <p>Providing floating support, low support satellite and independent accommodation and high support shared housing, all in Oxford. Please call or use housing@oxfordshire-mind.org.uk for info.</p>	
	<p>Response, Morrell Crescent, Littlemore, Oxford, OX4. TEL: (01865) 397940</p> <p>Providing high support (including 24hr), and medium to low visiting support in Oxfordshire. Please call for details</p>	
	<p>Stonham Housing, 41-2 Rectory Road, Oxford OX4 1HP TEL: (01865) 790230</p> <p>Providing high support at the Oxford based Rectory Road project, and medium support at the Hedgerows in Witney. Please call for info</p>	
	<p>Connection Active Recovery Service (CARS), The Pathway Building, Dunnock Way, Blackbird Leys, OX4 7EX</p> <p>CARS provides short term floating support to help people recover from mental illness. We support people resident in all areas across Oxfordshire except Oxford City. Please call (01865) 711267 or email con-oxford@btconnect.com for details</p>	

A. Details of person wanting support

Name of person wanting support: _____ Date of Birth: _____

Address:

Telephone No: _____ E-mail address: _____

Contact Address (if different from above):

Referred by: _____ Relationship to applicant: _____

Address:

Telephone No: _____ E-mail address: _____

How long has your supporter/referrer known you?

B. Current Housing Issues

What issues are affecting your current housing situation?

Tell us about where you have lived over the past three years. What kinds of accommodation have you lived in? Have there been any problems

C. What sort of support and/or housing is needed?

Please specify the level of support required e.g. 24hr staffing, visiting or floating support?

Are you looking to live on your own?

YES

NO (delete as appropriate)

D. Daily Living Skills and Social Support Needs

Please tick the appropriate box for level of support you need

	Not applicable	Some support needed	Substantial support needed
Bathing			
Laundry and changing clothes			
Housework and cooking			

Please comment on the boxes you ticked

E. Employment/Daytime activities/Needs

Please comment on what you do, or hope to do, during the day such as work, training or education?

F. Financial Circumstances:

Can you manage your own finances?

YES

NO

Are you in receipt of benefits? Please give details

You can have a benefits check by calling 07754 999 411. Have you done this?

YES

NO

Do you have outstanding debts? Please give details.

Do you have any savings or assets which need to be considered when making a financial assessment? What are they?

G. Is there any history of the following (tick for yes)

Alcohol Misuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>	Sexual offences	<input type="checkbox"/>
Suicide attempts	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>	Verbal abuse	<input type="checkbox"/>
Physical Violence	<input type="checkbox"/>	Destruction of property	<input type="checkbox"/>	Criminal convictions	<input type="checkbox"/>
Fire risk	<input type="checkbox"/>	Arson	<input type="checkbox"/>	Rent arrears/loss of tenancy	<input type="checkbox"/>

Please give details on all those ticked:

H. Mental Health:

What mental health problems have you experienced over the last three years?

Please give details of any health breakdowns or hospital admissions you have had over the past three years. Please note for how long you may have been in hospital and whether this was voluntary.

Please tell us about your current state of mental health

Please tell us about things that would show us that your mental health is getting worse?

In the past when you have become unwell, what support has proved most useful in helping you recover?

What is the applicants current legal status (tick those which apply)

On section 117
Court of protection
Guardianship

Detained under MH act
Community treatment order
ASBO/ABC

CPA

Other (please describe) _____

I. Physical health:

Please give details of your physical health and any needs you have which we need to consider?

J. Medication:

Please give details of any current medication that you are taking?

Do you look after your own medicines?

Yes

No

Do you understand what your medication is for and what possible side-effects it may have?

Have you ever had problems with taking your medication?

Are there any medications or drugs that you have a known sensitivity to?

K. Future goals

Are you on the housing register?

Yes

No

Tell us about that...

What are your future goals? (E.g. housing, employment or personal)

L. Contacts

Role	Name	Contact details(please include your e-mail addresses)
Next of Kin		
Other relative		
Carer		
GP		
Psychiatrist		
CPN		
Care manager		
CPA co-coordinator		
Support worker		
Advocate		
Housing manager		
Others		

Equal Opportunities Monitoring Form

We are committed to providing a service which is fair and available to everyone. To help us monitor this, please answer the following questions:

Gender Male Female

Do you consider yourself to have a disability? Yes No

Ethnicity of applicant

<i>A. White</i>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<i>B. Mixed</i>	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<i>C. Asian</i>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<i>D. Black</i>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<i>E. Chinese or other ethnic group</i>	Chinese	<input type="checkbox"/>
	Other	<input type="checkbox"/>
<i>F. Refugee</i>		<input type="checkbox"/>

Your responses above will be separated from the referral form and kept confidentially