**Engage Haringey Floating Support Services Referral Form**

**(Please note that we do not provide accommodation)**

**Please complete ALL sections of the referral form FULLY**

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| **Name of Service** | **Engage Haringey** | | | | |
| **Date of Referral** |  | | | | |
| **Has the applicant given consent to this referral being made?** | | | | | |
| **Yes**   **No** | | | | | |
| **APPLICANT’S DETAILS** | | | | | |
| Applicant’s Full Name |  | | | | |
| Telephone Number |  | | | | |
| Current Address |  | | | | |
| Post Code |  | | | | |
| Gender | Male Female | | | NI Number |  |
| Date of Birth |  | | | Ethnic Origin |  |
| Email Address |  |
| Applicant’s First Language? |  | | | | |
| If not English, is help needed? | Yes  No | | | | |
| Do you have a disability? | Yes  No | | | | |
| If yes, please specify any adaptations/assistance required? |  | | | | |
| Does the applicant have a Care Coordinator / CPN? | Yes  No | | | | |
| Next of Kin |  | | | | |
| Address |  | | | | |
| Telephone Number |  | | | | |
| Relationship to You |  | | | | |
| **Household Members** | | | | | |
| Family Member Name | | Date of Birth | Relationship to You (main applicant) | | |
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| **Economic Status** | |
| Do you have recourse to public funds? | Yes  No |
| Which best describes you? | |
| **Full time work (24 or more per week)**  **Part Time Work (24 or less)**  **Government Training / Work program**  **Job Seeker**  **Retired**  **Not seeking work**  **Full Time Student**  **Child Under 16**  **Unable to Work – Sickness/Disability**  **Other Adult** | |
| Current source of income? | |
| **Universal Credit**  **Income Support**  **Employment and Support Allowance**  **Retirement Pension**  **Disability Living Allowance**  **Child Tax Credits**  **Personal Independence Payments**  **Working Tax Credits**  **Job Seekers Allowance**  **Child Benefit**  **Individual Budget**  **Other Benefits**  **Attendance Allowance**  Please specify | |

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| **Please state why the applicant is being referred to the service, how they will benefit from the support available and how long you think support is required?** |
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| **Current Housing** | | | |
| Please tick the box which best describes the applicant’s current housing situation | | | |
| Local authority tenant (general needs)  Prison  HA tenant (general needs)  Approved probation hostel  Private rented  Children’s home/foster care  Tied home or rented with job  Bed and breakfast  Owner occupier  Short life housing  Supported housing  Living with family  Direct access hostel  Staying with friends  Sheltered housing  Any other temp accommodation.  Residential care home  Rough sleeping  Hospital  Other (please specify) | | | |
| Does the Applicant currently hold a tenancy or licence? | | | Yes  No |
| Name and Address of Landlord | |  | |
| Have you/they been asked to leave their current accommodation? | | | Yes  No |
| If Yes, please explain when and why they have to leave |  | | |
| **CLIENT GROUP** (please refer to our criteria for applications) | | | |
| Please tick the box which best describes the applicant’s needs | | | |
| Physical or Sensory Need  Vulnerable Families with Support Needs  Learning Disability  Traveller Households  Mental Health  Autistic Adults  Drug and/or Alcohol Misuse problems  Adults with Dementia  At risk of losing their home  Hoarding  Supported housing  Living with family  Refugee  Leaving Care  Offenders and ex-offenders  Other (please specify)  Survivors of Domestic Violence  Older People with Support Needs | | | |

**Please complete fully when referring via an agency**

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| --- | --- | --- | --- | --- |
| Referral Agency Details | | | | |
| Agency |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone |  | Mobile Number | |  |
| Email |  | | | |
| Staff Name |  | Role |  | |
| How long have you known the applicant? | |  | | |
| **Please describe the service you provide to the applicant and whether this will continue if the applicant is accepted for this service** | | | | |
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| **DECLARATION OF APPLICANT** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |
| **DECLARATION OF referral agency** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |

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| **COMMUNICATION & CONSENT** | |
| Do you have any of the following apps?  WhatsApp / Skype / Zoom / Microsoft Teams / Facetime  Would you be happy for us to contact you via these apps to provide support & information? | Yes  No  Yes  No |

**Please ensure that the applicant declaration is signed by the applicant otherwise we cannot process the referral due to GDPR requirements. Electronic signing is not appropriate unless we are given verbal consent by the applicant over the telephone. If you have any questions please call 0800 953 4045**

**Please also complete the Equal Opportunities Monitoring Form** – This enables us to better monitor the effectiveness of our referral procedures.

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| **Return Address** - Please return this completed form to |
| [engageharingey@riverside.org.uk](mailto:engageharingey@riverside.org.uk)  Or by post to: Unit 303/304 3rd Floor, The Archives, Unit 10 The High Cross Centre, Fountayne Road  Tottenham Hale London N15 4BE  T: 0800 953 4045 |

**Riverside Privacy Notice Summary**

Riverside will record, use and sometimes share personal information about you and your family in order to provide you with our services. That may include granting you a tenancy, giving you care and support or other services or selling a property to you.

We will only record, use or share information that is needed for the purpose in question, and then only if we have a lawful basis for doing so. The chief basis will be that the information is necessary for providing you with our services under a contract, tenancy agreement or licence.

If the information is about your health or care, or something else you can expect to be kept private, the lawful basis will be your explicit consent. However, we will share your information without your consent if that is sufficiently in the public interest. That may include sharing to keep someone safe or to combat crime, including anti-social behaviour and fraud. We will assess each disclosure separately.

We may monitor and record your calls to us, to be sure we follow your instructions correctly and to improve staff training,

We take security very seriously and will apply appropriate technical and organisational measures to keep your information safe. Moreover, we won’t keep it for any longer than required by law or best practice.

You have various rights in respect of your information including the right to see it and for it to be rectified as appropriate. You have the right to portability so that your information can be used in different settings. In certain circumstances, you have the right to object to processing, for processing to be restricted, and even for the information itself to be erased.

If you would like to know more about our use of your information or your rights, you can see our full privacy notice on our website at www.riverside.org.uk. If you would like a paper copy of the full privacy notice, or there is anything you would like to discuss in person, please call us on 0800 085 8207.

Please keep this page for your records.