**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 correctSigned:  | Name:      Date:       |
| **DECLARATION OF referral agency** |
| I confirm that the information I have provided is correctSigned:  | Name:      Date:       |

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| **COMMUNICATION & CONSENT** |
| Do you have any of the following apps?WhatsApp / Skype / Zoom / Microsoft Teams / FacetimeWould 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 Or by post to: Unit 303/304 3rd Floor, The Archives, Unit 10 The High Cross Centre, Fountayne RoadTottenham Hale London N15 4BET: 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.