

Housing Related Support - Application for Floating Support

If you have any communication problems or need help completing this form you may ask a friend or family member to help you. Staff at our One Stop Shops may also help you.

This form is for you if:

- (A) You are a person who needs Support to continue to live independently in your own home or need to develop the skills to do so. And/or
- (B) You need Support to overcome any issues that may lead to homelessness.

Floating Support is short term and is free, when support is no longer needed it is 'floated off' and used for someone else.

Do you feel you need Support with any of the following?

- **Prevention from losing your home?** For example being evicted for not paying rent or mortgage
- **Resettlement.** To move from one tenancy to another or from a hostel to permanent accommodation.
- **Sustainment.** To continue to live independently in your own home

If you feel you may be eligible for support please complete this form in full.

Data Protection

Any personal information that you supply is confidential and will be held by South Gloucestershire Council in accordance with the Data Protection Act.

Do you give your consent for the information you provide to be shared with other professionals, to enable us to direct your application to the most appropriate Service Provider?

Yes No

Signed.....

Name:

Address:

.....

..... **Postcode:**

Telephone number:

Date of Birth:.....

Next of Kin:.....

1. How would you like us to contact you?

Telephone Letter

Email (give email address)

Through another person (please give contact details).....

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2. Tell us about others who live in your home.

Name:.....Relationship:.....DoB:.....

Name:.....Relationship:.....DoB:.....

Name:.....Relationship:.....DoB:.....

Name:.....Relationship:.....DoB:.....

3. Tell us about where you live. Is it

Owner Occupier Private rented

Housing Association Shared Ownership Other, e.g. B&B

4. If you have a Landlord please provide details.

Name:

Address:

.....

..... Postcode:

Telephone number:

5. What is your Ethnic Origin?

a) White: British Irish Other

b) Mixed: Black/White Caribbean White/Black African
 White/Asian Other

c) Asian or Asian British: Indian Pakistani
 Bangladeshi Other

Black or Caribbean: Caribbean African Other

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

f) Refused

6. Do you have any cultural or special communication needs? If so, please tell us about them.

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7. What Support do you feel that you need?

Support that may be provided will depend on your particular needs. Below are some examples of Support that can be offered. Tick those that you feel apply to you and give further information in the space provided if possible.

Main support need. Tick 1	
<input type="checkbox"/>	Welfare benefits advice and information
<input type="checkbox"/>	Budgeting, bill and debt advice
<input type="checkbox"/>	Rent arrears and eviction
Further info.	
<input type="checkbox"/>	Social Networks
<input type="checkbox"/>	Language/cultural issues
<input type="checkbox"/>	Education, Employment and Training issues
Further info.	
<input type="checkbox"/>	Mental Health Needs
<input type="checkbox"/>	Emotional well-being and confidence
<input type="checkbox"/>	Drug/Alcohol use
Further info.	
<input type="checkbox"/>	Setting up home
<input type="checkbox"/>	Accessing affordable furniture and household equipment
<input type="checkbox"/>	Developing skills for independent living
<input type="checkbox"/>	Understanding tenancy agreements
Further info.	
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Other, please specify
Further info.	

Other support needs. Tick as many as apply	
<input type="checkbox"/>	Welfare benefits advice and information
<input type="checkbox"/>	Budgeting, bill and debt advice
<input type="checkbox"/>	Rent arrears and eviction
Further info.	
<input type="checkbox"/>	Social Networks
<input type="checkbox"/>	Language/cultural issues
<input type="checkbox"/>	Education, Employment and Training issues
Further info.	
<input type="checkbox"/>	Mental Health Needs
<input type="checkbox"/>	Emotional well-being and confidence
<input type="checkbox"/>	Drug/Alcohol use
Further info.	
<input type="checkbox"/>	Setting up home
<input type="checkbox"/>	Accessing affordable furniture and household equipment
<input type="checkbox"/>	Developing skills for independent living
<input type="checkbox"/>	Understanding tenancy agreements
Further info.	
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Other, please specify
Further info.	

8. Is anyone helping you with any of the above at the moment?

May we contact them? Yes No

Details.....
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9. (a) Is there a provider agency you would prefer to be referred to?

Details.....

9. (b) Is there a provider agency you do not want to be referred to?

Details.....

10. Please tell us about anything that could be a risk to you or anyone visiting you in your home so that we can direct your applications to the most suitable provider agency.

Physical Health and Mental Health

Do you have any mobility problems? Yes No

Do you feel you are able to look after yourself and your home? Yes No

Are you receiving any treatment at the moment? Yes No

Do you take medication on a regular basis?
If yes, what it is and what it is for? Yes No

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Is there a risk if you stop taking any medication? Yes No

Further information about your physical/mental health

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.....

Home Environment

Are there any fire risks?

Yes No

Do you feel safe in your home?
If No please give details

Yes No

.....

Do you have any pets? If yes, please give details

Yes No

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Behaviour

Has any action been taken against you for damage to property?

Yes No

Has any action been taken against you due to your behaviour
towards others?

Yes No

Do you feel someone could take advantage of you financially or
in any other way?

Yes No

Do you have a problem with Drug or Alcohol misuse which might
affect your behaviour?

Yes No

Do you think that any visitors to your home could cause a risk to
others?

Yes No

Substance misuse

Do you misuse Alcohol?

Yes No

Do you use illegal drugs?

Yes No

Previous convictions

Have you a current injunction against you?

Yes No

If yes, please give details

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If you have previous any convictions how recent were they and what were they for?

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Have you re-offended?
Please explain.

Yes No

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11. Is there any other information that we may need to know in relation to your application?

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When complete please return this form to:

**South Gloucestershire Council
Housing and Support Access Service
PO Box 2083
Council Offices
Thornbury
South Gloucestershire
BS35 9BR**

**Telephone: 01454 865543
Fax: 01454 865642
Email: Floatingsupport@southglos.gov.uk**