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: ……………………………

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)……………………………………………
………………………………………………………………………………………………………………

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: ................................................................................................................

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..........................................................................................................................

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

d) 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.

<table>
<thead>
<tr>
<th>Main support need. Tick 1</th>
<th>Other support needs. Tick as many as apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare benefits advice and information</td>
<td>Welfare benefits advice and information</td>
</tr>
<tr>
<td>Budgeting, bill and debt advice</td>
<td>Budgeting, bill and debt advice</td>
</tr>
<tr>
<td>Rent arrears and eviction</td>
<td>Rent arrears and eviction</td>
</tr>
<tr>
<td>Further info.</td>
<td>Further info.</td>
</tr>
<tr>
<td>Social Networks</td>
<td>Social Networks</td>
</tr>
<tr>
<td>Language/cultural issues</td>
<td>Language/cultural issues</td>
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<tr>
<td>Education, Employment and Training issues</td>
<td>Education, Employment and Training issues</td>
</tr>
<tr>
<td>Further info.</td>
<td>Further info.</td>
</tr>
<tr>
<td>Mental Health Needs</td>
<td>Mental Health Needs</td>
</tr>
<tr>
<td>Emotional well-being and confidence</td>
<td>Emotional well-being and confidence</td>
</tr>
<tr>
<td>Drug/Alcohol use</td>
<td>Drug/Alcohol use</td>
</tr>
<tr>
<td>Further info.</td>
<td>Further info.</td>
</tr>
<tr>
<td>Setting up home</td>
<td>Setting up home</td>
</tr>
<tr>
<td>Accessing affordable furniture and household equipment</td>
<td>Accessing affordable furniture and household equipment</td>
</tr>
<tr>
<td>Developing skills for independent living</td>
<td>Developing skills for independent living</td>
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<tr>
<td>Understanding tenancy agreements</td>
<td>Understanding tenancy agreements</td>
</tr>
<tr>
<td>Further info.</td>
<td>Further info.</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>Further info.</td>
<td>Further info.</td>
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</tbody>
</table>
8. Is anyone helping you with any of the above at the moment?
May we contact them? Yes ☐ No ☐
Details........................................................................................................................................
........................................................................................................................................

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? Yes ☐ No ☐
If yes, what it is and what it is for?
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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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5
### Home Environment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any fire risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel safe in your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No please give details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Behaviour

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has any action been taken against you for damage to property?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has any action been taken against you due to your behaviour towards others?</td>
<td></td>
<td></td>
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<tr>
<td>Do you feel someone could take advantage of you financially or in any other way?</td>
<td></td>
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<tr>
<td>Do you have a problem with Drug or Alcohol misuse which might affect your behaviour?</td>
<td></td>
<td></td>
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<tr>
<td>Do you think that any visitors to your home could cause a risk to others?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Substance misuse

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you misuse Alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use illegal drugs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Previous convictions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you a current injunction against you?</td>
<td></td>
<td></td>
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</tbody>
</table>

If yes, please give details

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please give details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please give details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you have previous any convictions how recent were they and what were they for?
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………………………………………………………………………………………………………………
Have you re-offended?                      Yes ☐   No ☐
Please explain.
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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