welcome ORGANISATION

supportingpeople supporting independence

THE WELCOME ORGANISATION EXTERNAL AGENCY FLOATING SUPPORT REFERRAL FORM

The Welcome Organisation offer a free, flexible service to individuals with a range of complex needs for up to two years (depending on circumstance) and aims to support individuals establish and maintain independent living within the community.

Referral criteria:

- Individuals who have experienced homelessness and present with a range of varying and complex support needs.
- Individuals who are over 18, in their own tenancy or are about to move into their own tenancy
- Single people or couples
- People from all ethnic backgrounds including refugees and those from the Travelling Community
- Those with physical, emotional and mental health needs
- Women fleeing domestic abuse
- Ex-Offenders or those at risk of re-offending
- Young people who are vulnerable or have left care
- Individuals with learning difficulties
- Vulnerable older people
- Individuals who misuse drugs and/or alcohol
- Survivors of conflict

Please return this form to the postal/email address listed below or give us a call to talk through any questions you might have.
Once we have received your referral, you will be contacted within one week.

email: meganbrown@welcomeorgansation.org

Or

Floating Support Manager
The Welcome Organisation
28 Townsend Street
Belfast BT13 2ES

Tel: 02890 240424

welcome ORGANISATION

supportingpeople
supporting independence

Service user Details (Consent must be given)		Has Service User Given Consent?: ☐Yes	
First Name:		Surname:	
Address:			
Date of birth:		Post Code:	
Tel No:		National Insurance Number:	
Date /expect to move to tenancy:			
Tenancy Provider:	NIHE ☐ Housing Association ☐ Private Rented ☐ Single Let ☐ Other ☐		
Please describe:			

Any other professional involvement? (The Welcome Organisation may contact for additional information)				
Social Services	Name		Contact no:	
PBNI	Name		Contact no:	
Health visitor	Name		Contact no:	
CPN	Name		Contact no:	
Psychiatrist	Name		Contact no:	
Other please specify			Contact no:	

Needs Assessment			
	Yes	No	Comment
Independent living: (personal care, shopping, cooking, home safety &maintenance)	☐	☐	
Housing: (tenancy, furniture, resettlement, applications, security)	☐	☐	
Financial: (budgeting, benefits, vulnerability, debt management)	☐	☐	
Developing social & behavioural skills: (facilitate social, networking, appropriate relationships)	☐	☐	
Employment / training advice (vocational, leisure, life skills)	☐	☐	
Access to external agencies: (refer and liaise with statutory & voluntary bodies)	☐	☐	
Advocating on your behalf: (letter writing, form completion,	☐	☐	

liaise with professionals)			

Risk Assessment;			
Previous or current risk of:	**Yes**	**No**	**Comment**
Tenancy Breakdown	☐	☐	
Mental health problems	☐	☐	
Physical health problems	☐	☐	
Self-Harm / Suicide	☐	☐	
Drug/ alcohol abuse	☐	☐	
Self-Neglect	☐	☐	
Abuse	☐	☐	
Social Isolation	☐	☐	
Challenging Behaviour	☐	☐	
Violence or aggression towards others	☐	☐	
Previous or pending convictions	☐	☐	

Referring person			
First Name:		**Surname:**	
Organisation:			
Address:			
		Postcode:	
Tel No:			
In what capacity are the Service User known to you:			
Signature:			
Date:			