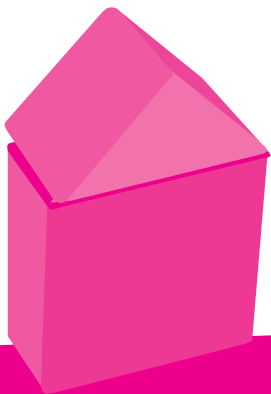




# FLOATING SUPPORT

## REFERRAL FORM



**Referral received: .....**

MACS Floating Support offers two key services:

**Housing Support** funded by the Housing Executives Supporting People programme

Referral Criteria:

- Young people aged 16-25 years old in need of support to maintain and or access accommodation

**Support can be offered on:**

- Managing tenancies - Managing money / benefit advice
  - Social networks and relationships - Substance use
  - Physical health - Emotional and mental health
  - Meaningful use of time- Offending
  - Motivation and taking responsibility – Parenting
  - Self care and living skills - Training and employment
- 
- It's called Floating Support because we float the service out to you. Our service covers a number of areas around Belfast, Lisburn and Downpatrick.
  - You will have an individual support plan that will be regularly reviewed to make sure we are still helpful to you, and we can work with you for up to two years.
  - When we receive your referral you will be contacted within 2 weeks and a meeting will be arranged to get to know you.
  - You may then be placed on a waiting list depending on current demand.

**What next?**

If you think we could be helpful to you, please complete the form below. Referrals are welcome from young people who want to refer themselves, or any agency or organisation working with them.

## Your Details:

<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>	<b>Postcode:</b>
<b>Date of Birth</b>	<b>Telephone No:</b>
<b>Mobile No:</b>	<b>E-Mail:</b>

**Is English your first language?**    Yes    No

If not please give details:

**Current tenancy:**    NIHE    Housing Association    Private Rented    Other

Please describe:

**Please tick any of the following your think you require support with:**

Motivation:	Self-care/Living skills:	Money/Benefits:
Relationships:	Drug/Alcohol use:	Physical Health:
Offending:	Use of time:	Housing/Accommodation:
Emotional & Mental Health	Self Harm/Suicide:	Parenting:

Are there any other area that you would like support in that is not listed above?  
Please detail below.

**Are there any risks that we should know about?    YES    NO**

If yes please give details / Floating Support workers will meet young people in their home do you have any safety concerns with this?

**Is the referring person different from the young person named above? If YES please tell us:**

<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>	<b>Postcode:</b>
<b>Occupation:</b>	<b>Telephone No:</b>
<b>Relationship with young person:</b>	

**Signatures:**

<b>Young Person:</b>	<b>Date:</b>
<b>Referrer:</b>	<b>Date:</b>

Please send or email this form to one of our offices below, or ring us to talk through any questions you might have. We'll contact you when we receive this form.

I give permission for MACS to hold and process my personal information in line with GDPR

<b>Belfast</b>	<b>Lisburn</b>	<b>Downpatrick</b>	<b>Newry</b>
303 Ormeau Road Belfast BT7 3GG 02890313163	190 Longstone Street Lisburn BT28 1TT 02892646329	9 English Street Downpatrick BT30 6AB 02844615155	99-101 Canal Street Newry BT35 6DX 02830828312

