**STEPS**

**REFERRAL FORM**

# About STEPS

STEPS is a short-term floating housing support service for people aged 60 and over who require support to live independently.

# Making a referral to STEPS

If you would like to refer someone to STEPS, then please complete this form answering the questions as fully as possible. This will enable us to build up a fuller picture of the applicant and the type of support they may need.

To return the form, or if you have any queries regarding the service, please contact either STEPS East or STEPS West depending on the location of where the client you wish to refer lives:

# STEPS East (for clients in Hastings & Rother)

Email: stepseastreferrals@bht.org.uk

Telephone number: 01424 718984

# STEPS West (for clients in Eastbourne, Lewes & Wealden)

Email: stepswestreferrals@bht.org.uk

Telephone number: 01323 636448

**What happens next?**

Referred clients will be contacted within 2 working days of receipt of referral

(or sooner if an urgent response is required).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Contact Details** | | | |  | | | | |  |
| Name: | | | | Role: | | | | |  |
| Name of Agency: | | | | Landline: | | | | | Mobile: |
| Address: | | | | Email: | | | | |  |
| Date of Referral: | | | | |  |
| **Client Details 1** | | | | | **Client Details 2** | | | | |
| Title: | First name: | | | | Title: | First name: | | | |
| Last name: | | | | | Last name: | | | | |
| *Please confirm the client is*  ☐ Aged 60 or over with a housing support need | | | | | *Please confirm the client is*  ☐ Aged 60 or over with a housing support need | | | | |
| Address: | | | | | Address: | | | | |
| Postcode: | | | Date of birth: | | Postcode: | | | Date of birth: | |
| Landline: Mobile: | | | | | Landline: Mobile: | | | | |
| Email: | | | | | Email: | | | | |
| Adult social care number: | | | | | Adult social care number: | | | | |
| Is the client a carer?  Yes ☐ No ☐ | | Does the client have a carer?  Yes ☐ No ☐ | | | Is the client a carer?  Yes ☐ No ☐ | | Does the client have a carer?  Yes ☐ No ☐ | | |
| Please list any long-term physical health conditions **Please state:** | | | | | Please list any long-term physical health conditions **Please state:** | | | | |
| If referring two members of a household, please describe their relationship | | | | | | | | | |
| **What type of accommodation do they have?** i.e. private rented, Housing Association, owner occupier, etc. | | | | | | | | | |
| **Please state:** Choose an item. | | | | | | | | | |
| Please list all other members that live as part of the household: | | | | | Has/Have the client(s) consented to the referral?  Yes ☐ No ☐ | | | | |
| Do the clients have any communication needs? i.e. hearing/sensory impairment, English not first language **Comments:** | | | | | | | | | |
| Will the client(s) be able to discuss the referral and complete an Assessment over the phone?  Yes ☐ No ☐ | | | | | If the answer is “No”, please describe why the client(s) would not be able to discuss the referral over the phone.  **Comments:** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equality and Diversity: Client 1** | **Equality and Diversity: Client 2** | | | | |
| Gender: Choose an item. | Gender: Choose an item. | | | | |
| Ethnic Origin: Choose an item. | Ethnic Origin: Choose an item. | | | | |
| Sexuality: Choose an item. | Sexuality: Choose an item. | | | | |
| Religion: Choose an item. | Religion: Choose an item. | | | | |
| **What is the client(s) support need?** | | | | | | |
| **Comments:** | | | | | | |
| **Initial Safety Information – if YES, please expand below:** | | | **Yes** | **No** | **Don’t**  **Know** | |
| Any issues with the misuse of alcohol or substances **Comments:** | | | ☐ | ☐ | ☐ | |
| Any history of violence or aggression **Comments:** | | | ☐ | ☐ | ☐ | |
| Risks from others e.g. subject of abuse, safeguarding **Comments:** | | | ☐ | ☐ | ☐ | |
| Risks to themselves e.g. self-harm, suicidal, self-neglect **Comments:** | | | ☐ | ☐ | ☐ | |
| Is the client known to the police /probation **Comments:** | | | ☐ | ☐ | ☐ | |
| Has the client been assessed as high risk under a care programme approach multi agency public protection arrangement or multi agency risk assessment conference?  **Comments:** | | CPA | MAPPA | MARAC | Don’t Know | |
| ☐ | ☐ | ☐ | ☐ | |
| Environmental issues e.g. pets at the property, smoking, sharps, property in disrepair **Comments:** | | | ☐ | ☐ | ☐ | |
| Do you recommend any specific visiting arrangements, i.e. male/female/joint visits/ community only?  **Comments:** | | | ☐ | ☐ | ☐ | |

BHT Sussex November 2021