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| **Referral Form – Please be aware that we cannot accept referrals without a care and support plan and a risk assessment if relevant.**  |
| **Personal details of person you are referring** |
| Name  |  |
| Address  |  |
| Phone/Email |  |
| DOB |  |
| Emergency contact |  |
| GP |  |
| Medical Conditions |  |
| **Statutory Services details** |  |
| Social care details (Team, worker) |  |
| Health care details (Team, CPN, Psychiatrist) |  |
| **Support package details** |  |
| Start Date (please indicate if there is a start date you would like us to plan for): |  |
| Details of who is funding the package and where to send invoices to: |  |
| Hourly Rate *£18.36 for city residents**£16.98 for county residents* |  |
| Package hours per week: |  |
| Will the client contribute to their package, has a financial assessment taken place? Are they willing to contribute if required? |  |
| Contingency hours and plan: |  |
| Support plan Goals and outcomes: |   |
| Support plan timetable (days and times needed or preferred): |  |
| **Safety Planning (or Risk Assessment)**  |  |
| Is it deemed safe to support the client 1:1 at home, and are there any environmental factors we should know about? (excessive smoking, hoarding, access issues, pets, hygiene).  |  |
| Physical safety concerns: |  |
| Mental safety concerns: |  |
| Additional information about the individual, their needs and any historical concerns relating to risk or safeguarding: |  |
| **Activity Planning:** |  |
| Are there any regulated activities required (eg personal care): |  |
| Does the individual have significant problems mobilising around the home and community? |  |
| Any relational aspects we should be aware of that affect the type of worker we may allocate to the package? |  |