



**SUPPORT REFERRAL FORM**

|                                       |  |                 |  |  |
|---------------------------------------|--|-----------------|--|--|
| <b>Service User Name / Pseudonym:</b> |  |                 | <b>Name of Referrer:</b>               |  |
|                                       |  |                 |  |  |
| <b>Male / Female</b>                  |  |                 | <b>Title: (Social Worker/Relative)</b> |  |
| <b>Age (D.O.B)</b>                    |  |                 |  |  |
| <b>Address:</b>                       |  |                 | <b>Address:</b>                        |  |
|                                       |  |                 |  |  |
| <b>Tel No. (if applicable)</b>        |  | <b>Tel No :</b> |  |  |
|                                       |  | <b>Fax No :</b> |  |  |
|                                       |  | <b>E-mail :</b> |  |  |
|                                       |  |                 |  |  |

|   |  |                            |  |               |
|---|--|----------------------------|--|---------------|
| <b>Type of Support (accommodation based, own home, day support) &amp; when to commence support:</b> |  |                            |  |               |
|   |  |                            |  |               |
| <b>Service User Group (Please tick appropriate box(s))</b>  |  |                            |  |               |
| <b>Mental Health</b>  |  | <b>Physical Disability</b> |  | <b>Other:</b> |
| <b>Older People</b>   |  | <b>Learning Disability</b> |  |               |
| <b>Young People</b>   |  | <b>Physical Disability</b> |  |               |
| <b>Deaf Impaired</b>  |  | <b>Hearing Impaired</b>    |  |               |
| <b>Reason for Referral:</b>   |  |                            |  |               |

Has this form been completed on behalf of the Service User? (Y/N)  
 If yes, are they aware of the referral? (Y/N)  
 Has the Service User participated in completing the form? (Y/N)

|  |                             |  |
|--|-----------------------------|--|
|  | <b>Service User Details</b> |  |
|--|-----------------------------|--|

|                   |  |  |  |
|-------------------|--|--|--|
| <b>Risk areas</b> |  |  |  |
|-------------------|--|--|--|

Please review the areas and indicate which if any areas the Service User has displayed a risk:

|                       |       |                                      |       |
|-----------------------|-------|--------------------------------------|-------|
| Intentional self harm | (Y/N) | Unintentional self harm              | (Y/N) |
| Psychological         | (Y/N) | Independent Living Skills / Survival | (Y/N) |
| Risk to others        | (Y/N) | Social / Relationships               | (Y/N) |
| Risk from others      | (Y/N) | Other                                | (Y/N) |

Please give further information on areas where the Service User has displayed a risk:

|  |                                  |  |
|--|----------------------------------|--|
|  | <b>Accommodation and Support</b> |  |
|--|----------------------------------|--|

|                      |                     |
|----------------------|---------------------|
| <b>Accommodation</b> | Bullet points only: |
|----------------------|---------------------|

Please give details of the requirements needed to meet the Service User's needs, include budgeting, ability to handle a crisis, a need to make them feel safe and secure, level of confidence, isolation, living skills:

|                      |                     |
|----------------------|---------------------|
| <b>Living Skills</b> | Bullet points only: |
|----------------------|---------------------|

Please give details of the ability of the Service User to access benefits, self care, eating, shopping, cooking abilities, managing bills, rent and accessing services:

|  |                            |
|--|----------------------------|
|  |                            |
| <b>Substance Use</b>   | <b>Bullet points only:</b> |
| <b>Please give details of any substance use (alcohol/drugs) indicating levels of use, type, triggers, engagement with services, criminal activity:</b>                               |                            |
|  |                            |
| <b>Mental Health</b>   | <b>Bullet points only:</b> |
| <b>Please give details (if applicable) of the Service User being at risk or in crisis, of any presence of diagnosis, access with services, use of medication, level of distress:</b> |                            |
|  |                            |

|   |                            |
|---|----------------------------|
| <b>Accommodation and Support</b>  |                            |
| <b>Legal / Anti-social behaviour</b>  | <b>Bullet points only:</b> |
| <b>Please give details (if applicable) of any recent or past offences, any interaction with police or any probationary periods:</b> |                            |
|   |                            |

|   |                            |
|---|----------------------------|
|   |                            |
| <b>Meaningful use of time</b>   | <b>Bullet points only:</b> |
| <b>Please give details of the Service User's levels of motivation and engagement, social confidence, hopes/aspirations, existing relationships, problem areas, location of family, friends and social networks (clubs etc):</b> |                            |
|   |                            |
| <b>Social, Cultural &amp; Religious needs</b>   | <b>Bullet points only:</b> |
| <b>Please give details of the Service User's use of community resources and spiritual/ lifestyle needs:</b>   |                            |
|   |                            |
| <b>Physical Health</b>  | <b>Bullet points only:</b> |
| <b>Please give details of any ongoing health issues, including medication and diet / lifestyle issues that may affect the Service User's health:</b>  |                            |
|   |                            |

|  |
|--|
|  |
|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <b>Other Supporting Information</b>                        |  | <b>Bullet points only:</b>       |  |
| <b>Please give details any other relevant information:</b> |  |                                  |  |
|  |  |                                  |  |
|  |  |                                  |  |
| <b>Signature of Referrer</b>                               |  | <b>Signature of Service User</b> |  |
|  |  |                                  |  |
| <b>Date form completed</b>                                 |  | <b>Date form completed</b>       |  |

|  |  |
|--|--|
| <b>Returning the Completed Form</b>  |  |
| <p>The form can be returned electronically by e-mailing it to:-<br/>merrydencares@aol.com.</p> <p>If you are unable to send information electronically, please send the completed form via post:<br/>Merry Den Care Ltd<br/>44 Station Street<br/>Cinderford<br/>Glos.</p> |  |

|                                 |  |
|---------------------------------|--|
| <b>For Office Use Only</b>      |  |
| <b>Date of receipt of form:</b> |  |
| <b>Action required</b>          |  |
|                                 |  |