

Date:

Better at Home Referral Form

If you have any questions regarding this form, please contact the Better at Home Team. When you have completed the form send to the BAH email.

Email: bah@ageukwandsworth.org.uk Contact number: 020 8877 8940

Better At Home Referral Form

Has the client consented to the referral: Yes No

When making a referral please bear in mind the information below:

All Sections of the referral form must be complete for us to accept your referral and client must give their consent to make a referral.

Our services are unable to offer domestic support or personal care.

Most of our services are supported by volunteers.

Client Information

Client Name:	DOB:	Phone Number:	Email:

Does the client live in the borough of Wandsworth? Yes No (Wandsworth Borough residents only)

Address:

Postcode:

Can the client be contacted directly or contact via Next of Kin (NOK)? Client NOK

Next of Kin: Relationship to client: Phone Number: Email:	GP: Name: Address: Phone number: Email:	Referrer's name: Referrer's role: Organisation: Phone Number: Email:
Emergency Contact: Relationship to client: Phone Number: Email:		

Home circumstances

Living alone With a partner With family Other *If other please specify:*

Service Requirement Details

Which service is the client being referred to? (*more than one box can be ticked*)

Shopping Service Handyperson Service Be A Friend Befriending plus
Voluntary Sector Navigator Hospital Discharge Service

Shopping Service (an online service which we do with the client on the phone)

Reason for referral?

Is the client able to prepare their shopping list and communicate clearly over the phone?

Does the client have debit or credit card and is willing to use it for the shopping service?

Is the client able to remember the shopping arranged appointments?

Does the client have a mobile phone?

Please note:

The mobile phone is needed to facilitate OTP code.

We are not able to offer any in-person shopping service.

We are not able to provide food parcels for clients.

Handy Person Service

Reason for referral and what is required?

Prior to key safe installation we need written permission by email from a Building or Estate Manager if either;

a) property is not owned by client,

b) property shares a communal entrance or

c) it is part of a larger development/ block of flats and is to be fitted at a communal door or in communal area outside of flat/ apartment door.

Be A Friend (BAF) Service

Reason for referral?

The BAF service is purely a sociable service to help combat loneliness, social isolation, for house bound clients living alone or unpaid carers.

Please note our volunteers are not specialist trained.

Befriending Plus (Bef+) Service*Reason for referral?**This is a befriending project to which the client **MUST** be referred by a Social Worker, please provide social worker's details.**This service does not provide domestic cleaning or personal care services.***Voluntary Sector Navigator and Hospital Discharge Support Service**Voluntary Sector Navigator (community support) Hospital Discharge Support *Reason for referral?****Estimated Hospital discharge date (if applicable):*****Client's Needs****Mobility**Independent Independent with mobility aid Restricted Assistance required **Hearing**Able to hear Hearing Aid Limited Partially Deaf Deaf **Vision**Good Visually Impaired Registered Blind **Speech**Clear Slurred Limited Non-verbal

Please state if the client has any specific health conditions, cognitive difficulties/memory issues or any other special needs:

Package of care (PoC):1 x day 2 x day 3 x day Double handed **Care agency Manager:****Care agency address and telephone no:****Environment Risk in the client's home:****Please tick:**Bed bugs in the home Poorly lit home Hoarding conditions Vermin Broken electrical sockets Loose carpets No fire alarm Pets Loose cables Damp Conditions Smoker

Any other relevant information or risks you may be aware of that would impact a visit from our staff or volunteers?

Where volunteers will be visiting the client's home, the coordinator will visit to assess the home environment to ensure it is suitable for a volunteer to visit. The coordinator will decline any clients whose homes and/or behaviour are not deemed safe for a volunteer to visit.

Equality and Diversity Monitoring Form

Age UK Wandsworth wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the service users in encouraging equality and diversity.

The organisation needs your help and co-operation to complete this form. It is important to fill it in as accurately as you can. The information provided will be kept confidentially and will be used for monitoring purposes. Thank you!

Client Gender: Male Female Intersex Non-binary Prefer not to say

If you prefer to use your own gender identity, please state:.....

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

What is the client's ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please state:

Black, African, Caribbean or Black British

African Caribbean Black British Prefer not to say

Any other Black, African, or Caribbean background, please state:

Mixed or Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian

Prefer not to say Any other Mixed or Multiple ethnic background, please state:

White

English Welsh Scottish Northern Irish Irish

British Gypsy or Irish Traveller Prefer not to say

Any other White background, please state:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please state:

Does the client consider themselves to have a disability or health condition?

Yes No Prefer not to say

What is the client's sexual orientation?

Heterosexual Gay Lesbian Bisexual Asexual Pansexual LGBTQ+

Prefer not to say

If you prefer to use your own identity, please state:

What is the client's religion or belief?

No religion or belief Buddhist Christian Hindu Jewish Muslim

Sikh Prefer not to say If other religion or belief, please state:

Does the client have caring responsibilities? Please tick all that apply:

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (age 18+)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

Please return this completed form to bah@ageukwandsworth.org.uk

Thank you from Age UK Wandsworth.