**Age UK Notts Connect Service Referral Form**

**Details of Person Being Referred**

|  |  |
| --- | --- |
| Name |  |
| Prefers to be known as  |  | Preferred pronouns  |  |
| Title |  | Date of Birth  |  |
| Address and Postcode  |  |
| District  | Ashfield [ ]  | Broxtowe [ ]  | Gedling [ ]  |
| Mansfield [ ]  | Newark and Sherwood [ ]  | Rushcliffe [ ]  |
| Home telephone  |  | Mobile telephone  |  |
| Email address |  |
| What is the preferred method of contact?  | Phone [ ]  Email [ ]  Letter [ ]  |
| Does the person know they are being referred, and consent to this? | Yes [ ]  No [ ]  |
| If no, please explain why (for example a mental capacity issue). |  |

**Details of Referrer**

|  |  |
| --- | --- |
| Name |  |
| Email  |  |
| Phone  |  |
| Agency  |  |
| Job Title  |  |

**Communication Needs**

|  |  |
| --- | --- |
| Does the person referred have any communication needs? If so, what are they? |  |

**Client Group (please tick at least one)**

|  |  |
| --- | --- |
| Aged 65+ | [ ]  |
| Dementia  | [ ]  |
| Learning disability  | [ ]  |
| Neurodiverse condition (e.g. Autism Spectrum Disorder)  | [ ]  |
| Acquired brain injury  | [ ]  |
| Physical disability | [ ]  |
| Long term condition | [ ]  |
| Other vulnerability (please explain below) | [ ]   |
|  |

|  |  |
| --- | --- |
| Is the person being referred currently receiving social care services?  | Yes [ ]  No [ ]  |

**Support Requested**

Please tick the area(s) that the client would like support with. Please tick all that apply, and explain more in the section below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Finance**  |  | **Community**  |  |
| Welfare benefits | [ ]  | Reduce isolation | [ ]  |
| Debt | [ ]  | Community transport | [ ]  |
| Managing finances | [ ]  | Blue badge application | [ ]  |
| **Housing**  |  | Skills development  | [ ]  |
| Maintenance and upkeep | [ ]  | **Legal**  |  |
| Adaptations and aids | [ ]  | Power of attorney | [ ]  |
| Moving / housing options | [ ]  | Wills and estates | [ ]  |
| Homeless / facing homelessness | [ ]  | Victim of crime (including scams) | [ ]  |
| **Health**  |  | **Hospital discharge** | [ ]  |
| Physical health | [ ]  | **Other**  | [ ]  |
| Emotional health | [ ]  |  |
| Self harm / self neglect | [ ]  |
| Substance misuse | [ ]  |
| Falls prevention | [ ]  |

|  |  |
| --- | --- |
| Please provide further detail of the reason for referral  |  |

**Risk Assessment**

Where relevant please give details of risk identified.

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick yes or no | No | Yes | If **yes** please give details  |
| **Environmental Risks** |
| Smokers in the house  | [ ]   | [ ]  |  |
| Pets in the house  | [ ]   | [ ]  |  |
| Others risks in the house  | [ ]  | [ ]  |  |
| Are there other occupants in the home who may present a risk? | [ ]   | [ ]  |  |
| Are there any issues with access to the home?  | [ ]   | [ ]  |  |
| Are there any hoarding issues?  | [ ]   | [ ]  |  |
| **Risk to others** |
| Does the person referred have a history of verbal aggression?  | [ ]   | [ ]  |  |
| Does the person referred have a history of violence?  | [ ]   | [ ]  |  |
| Does the person referred have a history of sexually inappropriate behaviours / offending? | [ ]   | [ ]  |  |
| Does the person referred have issues with substance misuse? | [ ]   | [ ]  |  |
| Does the person referred have issues with anger or an aggressive presentation? | [ ]   | [ ]  |  |
| Does the person referred have license or bail conditions? | [ ]   | [ ]  |  |
| **Risk to self** |
| Does the person referred have a history of poor self-care / neglect?  | [ ]   | [ ]  |  |
| Does the person referred have a history of self-harm?  | [ ]   | [ ]  |  |
| Does the person referred have a history of suicidal behaviour? | [ ]   | [ ]  |  |
| Does the person referred have a history of being abused or exploited?  | [ ]   | [ ]  |  |
| **Other risks** |
| Please explain | [ ]  | [ ]  |  |