**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 | | | Yes  No | |
| 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.

|  |  |  |
| --- | --- | --- |
|  | Yes | Notes |
| **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? |  |  |
| **Risks 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? |  |  |
| **Risks 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 |  |  |