

To request a short break/respice Dementia service from Shared Lives South West please complete the form below and wherever possible please attach a current Care Plan, Needs Assessment or Risk Assessment.

INFORMATION ABOUT THE PERSON WHO WANTS THE SERVICE

Last name:		Title:	
Forenames (s):		Likes to be known as:	
Current Address:		Gender:	
		Date of birth:	
Telephone:		Nat Insurance no:	
Next of Kin/carer:		Social/Care worker	
Name:		Name:	
Relationship:		Team:	
Address:		Address:	
Telephone:		Telephone:	
Email		Email:	
GP name or Medical Centre contact details (if known)			
Who has completed this form			
Who are you? (Service user, next of kin, carer)			

Please tick any boxes that describe the person's current situation:

- Is currently living at home with family
- Is currently living in a residential care home
- Is currently in a short stay/respite setting
- Is currently living in a supported living tenancy
- Is currently living alone
- Is currently assessed under a section of the Mental Health Act (section 2,3 or 117)

Other (please describe below)

.....
.....

Please describe the ethnic origin of the parent requesting the service:

Asian or Asian British	Black or Black British	Mixed	White	Other ethnic group
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other black background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other White background	
<input type="checkbox"/> Any other Asian background		<input type="checkbox"/> Any other mixed background		

INFORMATION ABOUT THE PERSON'S FINANCIAL SITUATION

We cannot progress a referral without some financial information, so please complete this section as fully as possible

FACS Banding (this is the level of care need as determined by a Social Worker – please circle if known):

LOW / MODERATE / SUBSTANTIAL / CRITICAL

Who is likely to have funding responsibility for this service? (please select)

- Local authority. Which one?
- Service user/service user's family via direct payment from Social Services/NHS
- Service user or family by independent means because assessed as self-funding

Does the service user have any capital you are aware of?

(This is needed to determine whether someone is potentially entitled to financial help toward any service if you are not sure of the above)

- Not known
- Under £16,000
- Between £16,000 - £20,000
- Over £20,000

Is the service user currently making any contribution to the cost of their care?

- Yes
 No

If yes, how much and on what frequency?

.....

Is any funding already agreed in principle to meet this service request?

- Yes
 No

If yes, please give details

.....

If you have identified a possible Shared Lives South West banding level at this stage please indicate below. This will be finally agreed at the end of any matching and introductory process and therefore may not be agreed as below.

Banding level information is available on the Shared Lives South West website

SHORT BREAK

- BL A
 BL B
 BL C
 Special Level

Is the person currently under section 117 of the Mental Health Act?

- Yes
 No
 Not known

Has a financial capacity assessment been undertaken? Please give details

SECTION 3. INFORMATION ABOUT THE PERSON WHO WANTS THE SERVICE

What areas would the person consider travelling to for their Service (it is easier to match without a very specific area)

.....

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Some of our households have children, dogs or cats. Would there be any issues with any of these?

.....

.....

Please tick any statements that may be relevant to the person who wants the service

- Has been diagnosed with dementia
 If so what type of dementia?.....
- Has suspected dementia but isn't diagnosed yet
 Has mental health problems other than dementia.
 Please give details:.....
- Has physical disabilities.
 Please give details:.....
- Has a learning disability
 Please give details:.....

Please give details of any other illnesses or diagnoses we would need to know about, and the associated support needs:

Please list any allergies or sensory issues:

Does the service user have any communication issues/problems? If so please explain:

Please list any medication taken and detail any help needed with taking it.

Does the person requesting the service have any mobility issues? Do they have any mobility aids and can they use stairs/steps?

Does the person have falls? If so how often and can you say how these are minimised?

Does the service user need support with personal care? (please give details)

Are there any issues with continence – if so how are these managed? (please give details)

Are there any particular behaviour and/or safety issues our carers would need to be aware of?

E.g. any aggression (and associated known triggers), leaving the house & getting lost.

Does the person sleep well at night? Do they get up at night – if so would they need any assistance and how many times a night on average?

What is the person's temperament like?

Any dietary requirements or preferences:

Does the service user attend any day services?

Yes

No

Please give details

Tell us about the person wanting the service – what would they like as an outcome of having short breaks with a Shared Lives carer? What are their hobbies and interests? What do they like to do during the day and at the weekends? Any information about their family and other key people in their life and so on. The more you can tell us, the more it will help us to find a match within our service.

What service is being requested (and how long for): i.e. day-care, regular respite, a one-off short break:

Signed

Name (block capitals)

Date

It is important that the service user being referred to SHARED LIVES understands that personal information will be shared with staff and some carers in order to find the best match possible. Please make sure that this has been discussed and understood by the service user and/or their representative where appropriate.

Service user signature (where appropriate)
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Attachments

Please tick any further information/documentation that is attached:

- Current or very recent Needs Assessment
- Current or very recent Care Plan
- Copy of My Life, My Plan or Person Centred Plan
- Current or very recent Risk Assessment

Other additional information please specify

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Please send by email to: enquiries@sharedlives^{sw}.org.uk or by post:

Referrals from Devon, Torbay or Plymouth send to:

Referrals, Suite 3, Zealley House, Greenhill Way, Kingsteignton, Newton Abbot, TQ12 3SB

Referrals from Cornwall send to:

Referrals, Trewellard Farm, Wheal Rose, Scorrier, Redruth, TR16 5DH