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| **REFERRAL FORM: ADULT SOCIAL CARE (ASC)** |
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| **Referrer’s Details** | **Date of Referral:**       |
| Name:       | Job Title and/or relationship: |       |
| Team name & address:      | Telephone: |       |
| Mobile: |       |
| Email: |       |

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| **What are you referring for?**  |
| **Care Act 2014** |
| **ASC Assessment of Need:** [ ]  | **Advice and information:** [ ]  |
| **Person being referred** |
| Name:(and alias if appropriate) | First name:      | Second Name:      | DOB & Age: |       |
| NHS Number: |       | Immigration Status:(UK/EU/NRPF/other – please specify) |       |
| Communication needs |       |
| Address & type of property: |            | Telephone: |       |
| Email address: |       |
| MHA Section 117: | Y [ ]  N[ ]  unknown [ ]   |
| Family details:(include next of kin & nearest relative) |       | Household composition: |       |
| Informal carers details: |       | Dependent children’s names & ages (and if they live with the person) |       |
| Person’s GP Name, address, and telephone number: |            |
| Other involved professionals: |       |
| Please provide a description below of the adult’s presenting needs, diagnosis (if there is one) and their insight to difficulties they may be having: |
|       |
| What would you say that the Adult’s primary need is (why you believe they need social care support):  |
| [ ]  Physical health | [ ]  Mental illness (between 18 & 65) | [ ]  Mental Illness (over 65)  | [ ]  Mental Impairment/ learning disability  |
| Does the person have difficulties engaging with support, if so, please provide details below: |
|       |
| Is the person aware that you have made a referral?Y [ ]  N [ ]  | Has the person consented to sharing information with us?Y [ ]  N [ ]  | Does the person have capacity to understand that a referral has been made:Y [ ]  N [ ]  |
| Provide details of the urgency of response required: |
|       |
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| **Under the Care Act 2014 there should be an appearance of need for ‘care and support’ as defined by the Care Act 2014 in order for us to proceed in carrying out an assessment** |
| * **Care and Support domains: please complete the section below or ensure your risk assessment is updated and includes as much information as possible. Please ensure you include any information on: activities of daily living, meaningful occupation, social inclusion, environment, parental responsibility, and mobility.**
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| 1. What have you observed or heard that would make you concerned that the adult does not have **access to food and drink**, and/ or that they are they unable to **prepare and consume the food**?
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| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **wash themselves and launder their clothes**?
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **access and use the toilet?**
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **dress themselves and be appropriately clothed**?
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|       |
| Is anything in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **move around their home safely**?
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **sufficiently clean or maintain their home, access amenities, sustain a tenancy or remain safe**?
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
| 1. What have you observed or heard that would make you concerned that the adult is **lonely or isolated**?
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you have observed or heard that would make you concerned that the adult has not had the opportunity to apply themselves through **work, education or training**?
 |
|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to **get about in the local community safely**, including their ability to access public transport, shops and hobbies?
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|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| 1. What have you observed or heard that would make you concerned that the adult is not able to achieve their **caring or parenting responsibilities for a child**?
 |
|       |
| Are measures in place to support the adult at the moment? If yes, Please describe? |
|       |
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| **ADDITIONAL INFORMATION:** please provide any additional information that you think is relevant to the referral which is not included above. |       |
| Length of time the person has been known to you and/or your team/service and in what capacity: |       |
| Does the person you are referring want you to be present at the assessment appointment | Y [ ]  N [ ]  |

**Please complete the monitoring form overleaf, and follow the instructions on the last page before submitting.**

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| **MONITORING FORM** |
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| **Age** |
| [ ]  Under 16[ ]  16-17[ ]  18-24 | [ ]  25-34[ ]  35-44[ ]  45-54 | [ ]  55-64[ ]  65-74[ ]  75-84 | [ ]  85-94[ ]  95+[ ]  Prefer not to say |
| **Disability and health** |
| Are the adult’s day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? | [ ]  Yes, limited a little [ ]  Yes, limited a lot  | [ ]  No, not limited |
| Please tick a box or boxes below which best describes the nature of their impairment(s): |
| [ ]  | **Hearing / Vision** (e.g. deaf, partially deaf or hard of hearing; blind or partial sight.) |
| [ ]  | **Physical / Mobility** (e.g. wheelchair user, arthritis, multiple sclerosis etc) |
| [ ]  | **Mental health** (lasting more than a year. e.g. severe depression, schizophrenia etc) |
| [ ]  | **Learning disability**  |
| [ ]  | **Memory problems** (e.g. alzheimer’s etc) |
| [ ]  | **Prefer not to say** |
| If the adult wishes to specify their impairment, please do so here: |  |
| **Ethnic background** |
| **White or White British** |
| [ ]  British[ ]  English | [ ]  Scottish[ ]  Welsh | [ ]  Northern Irish[ ]  Irish | [ ]  Gypsy, Roma or Irish Traveller [ ]  Other European |
| [ ]  Other White (please specify if you wish):  |
| **[ ] Black or Black British** |
| [ ]  Black British[ ]  Caribbean  | [ ]  Nigerian[ ]  Ghanaian | [ ]  Sierra Leonean[ ]  Somali | [ ]  Other African  |
| [ ]  Other Black (please specify if you wish):  |
| **Asian or Asian British** |
| [ ]  Asian British[ ]  Indian | [ ]  Bengali [ ]  Chinese | [ ]  Pakistani[ ]  Vietnamese | [ ]  Filipino |
| [ ]  Any other Asian (please specify if you wish): |
| **Mixed Background** |
| [ ]  White and Black Caribbean | [ ]  White and Black African | [ ]  White and Asian  |
| [ ]  Other mixed background (please specify if you wish): **Continued on next page** |
| **Other Ethnicities** |
| [ ]  Arab  | [ ]  Latin American (please specify if you wish):[ ]  Any other ethnicity (please specify if you wish): |
| [ ]  Prefer not to say |
| **Preferred language** |
| [ ]  English | [ ]  Other (please specify if you wish): |
| **Religion or belief** |
| [ ]  Christian[ ]  Sikh | [ ]  Hindu[ ]  Muslim | [ ]  Jewish[ ]  Buddhist | [ ]  No religion[ ]  Prefer not to say |
| [ ]  Other religion or belief (please specify if you wish):  |
| **Marriage or civil partnership status** |
| [ ]  Married[ ]  Divorced[ ]  Widowed | [ ]  Registered in a civil partnership[ ]  Separated[ ]  Surviving member of a civil partnership | [ ]  Formerly in a civil partnership which is now legally dissolved[ ]  Never married or never in a civil partnership  |
| **Sex** |
| [ ]  Male | [ ]  Female | [ ]  Transgender |
| [ ]  Other gender identity (Please specify if you wish):  | [ ]  Prefer not to say |
| **Gender and gender identity** |
| Is the adult’s gender identity the same as the gender they were assigned at birth? | [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **Pregnancy or maternity** (Tick here ‘[ ] ’ if not relevant) |
| Is the adult currently pregnant and / or on maternity leave? | [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **Sexual orientation** |
| [ ]  Heterosexual/straight[ ]  Lesbian/Gay woman | [ ]  Gay man[ ]  Bi-sexual | [ ]  Prefer not to say |
| If the adult prefers to use their own term please specify this here:  |

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| **What to do next…** |
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| **Please email this referral form to one of the following:** |
| **For Mental illness (18-65)/ substance misuse rehab and AMHP****MentalHealthDivisionASC@southwark.gov.uk** **020 7525 0088** | **For physical disabilities/older adults/ dementia/ mental illness (over 65)****OPPDContactteam@Southwark.gov.uk****020 7525 3324** | **For mental impairment/ learning disabilities****LearningDisabilitiesDuty@southwark.gov.uk****020 7525 2333** |
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| **Please send a recent risk assessment with the referral.**  |
| **Disclaimer: Responsibility for the decision about whether to complete a Care Act assessment lies with the Local Authority. The information provided by the referrer is intended to support this decision making process and not to transfer any responsibility for this decision to the referrer.** |