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**Referral Form for Unique Support for Unique People**

**Date:**

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| Personal details of the individual who will be receiving support | **What is your name?****What do you like to be known as?****How old are you?** 18- 2425- 3536- 4546- 5556- 6566- 7576-85Over 85**What are your contact details?**Address:Contact number: Email address: |
| Details of the individuals family or representative | **Please share details of your family** Name of your family member/representative: Their relationship to you: Their contact details (if different to yours)Address:Contact number: E mail address:  |
| Details of the person making contact  | **Please share** Your name: Your relationship to person who will be using the service: Address: Contact number: Email address: Is the person aware that this referral has been made**?** |
| The support the individual currently receives and who provides this | **Tell us about the support you get and services you use**Are you receiving any other support or services? If so please state:Who are the key professionals involved in your life? |
| The support the individual hopes to gain from the service | **Tell us about the support you need from us**What type of support do you need from us?How often do you need this support, on which days and at what times? What are you hoping to gain from using our service or receiving our support?Please tell us about any known risks to yourself or others that we need to be aware of?  |
| How will the use of the service be funded | **How will the service be funded? (please tick)**I will pay for it myself with my own money and/or using my benefits □I will pay for it using a Council funded Direct Payment □I will pay for it using a Personal Health Budget □The Council/other public body will pay □ |
| Personalised support | **Who will make decisions about the support that is required? (please tick)**Individual □Family (or related third party) □Professional □ |
| Documents to understand the individual and what they need from the service | **Please attach the following if applicable (please tick)**Current risk assessment □Support or care plan □Care assessment □ |
| What the individual or representative has to do next | **Please return this form to:** Email: us4up@outlook.com Address: 4 Common lane, Beccles, Suffolk, NR34 9RQContact: 07708604337**We will be in contact to arrange an initial visit** |