

To request a long term or short break/respite service from Shared Lives South West you need to complete the relevant sections of this form and return it to **Referrals, Shared Lives South West, Trewellard Farm, Wheal Rose, Scorrier, Redruth TR16 5DH** or email it to **enquiries@sharedlivessw.org.uk**. Wherever possible, please attach a current care plan, needs assessment or risk assessment.  
*Please note, Shared Lives South West cannot be held responsible for the security of any data submitted.*

**WHAT SERVICE IS BEING REQUESTED? (please select)**

- A short break service**  
 **A long term shared lives service**

**INFORMATION ABOUT THE PERSON WHO WANTS THE SERVICE**

<b>Last name</b>		<b>First name(s)</b>		<b>Title:</b> Mr / Mrs / Miss / Ms / Other:	
<b>Current address:</b>			<b>Telephone:</b>	<b>Likes to be known as:</b>	
				<b>Date of Birth:</b>	
				<b>Nat. Insurance No:</b>	

<b>Next of Kin/Carer</b>		<b>Care manager/social worker</b>	
Name		Name	
Relationship		Team	
Address		Address & telephone	
Telephone		Email	

<b>Who is completing this form?</b>		<b>Who are you? (please select)</b>	
Name		<input type="checkbox"/> I am the service user	<input type="checkbox"/> Advocacy worker
Address		<input type="checkbox"/> Next of kin or family member	<input type="checkbox"/> Guardian/appointee
Telephone		<input type="checkbox"/> Appointed care worker	<input type="checkbox"/> Other (Give details)

**Details of anyone appointed to manage the person's financial/personal affairs on their behalf:**

Name		Email address	
Address & telephone		Relationship to service user	

**Please describe the ethnic origin of the person 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		

## SECTION 2: INFORMATION ABOUT THE SERVICE USER'S FINANCIAL SITUATION

**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/independent means

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

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

<b>Please list the service user's current benefits and sources of income</b>	<b>Amount £</b>	<b>How often</b>	<b>Other information</b>
Housing Benefit			
Income Support			
Incapacity Benefit			
Severe Disablement Allowance			
Disability Living Allowance - Care			
- Mobility			
Pensions			
Other income			
Earnings from paid employment			

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

Yes       No      **If yes**, how much and on what frequency? \_\_\_\_\_

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**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 as a result of any matching and introductory process and may not be agreed as below.**

**LONG TERM**      **Band** \_\_\_\_\_

**SHORT BREAK**    SB1       SB2       **Special Level**

## SECTION 3. INFORMATION ABOUT THE PERSON WHO WANTS THE SERVICE

To help us decide whether we are able to offer you a service at this time please fill in as much of this section of the form as possible.

**Describe the current living arrangements of the service user**

  
  
  
  
  
  
  
  
  
  

**Where does the person wish to live? (please specify any specific geographical areas and how far the person would be willing to move)**

**For short breaks: what area(s) would the person consider for their short breaks?**

  
  
  

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

<input type="checkbox"/> Has a learning disability	<input type="checkbox"/> Is a person over age 60
<input type="checkbox"/> Has mental health problems	<input type="checkbox"/> Has physical disabilities

Please give any details about any issues you have highlighted above that would be relevant to the provision of this service

**Mental health**

Is the service user currently assessed under a section of the Mental Health Act?

Yes  No  Don't know

**If yes, please give details:**

**Are there any physical / sensory issues we need to be aware of?**

**Does the person requesting the service have any mobility issues?** (including use of stairs, wheelchair use, mobility aids used and so on)

**What support does the service user need with personal care?** (please give details)

**Are there any particular behavioural issues our carers would need to be aware of?**

**Are there any areas of risk that we should be aware of?**

**Any dietary requirements or preferences:**

**Other services**

Does the service user attend any day services? Yes  No  Don't know

Please give details

Does the service user have any paid or voluntary employment? Yes  No  Don't know

Please give details

**Tell us about the person wanting the service** – what they would like as an outcome of being in a shared lives service, what are their hobbies and interests, what do they 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.

**Signed**.....

**Name (block capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

It is important that the service user being referred to Shared Lives South West 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)**.....

**Attachments**

Please tick any further information/documentation that is attached

- Current or very recent needs assessment
- Current or very recent care plan or person centred plan
- Current or very recent risk assessment
- Other additional information. Please specify \_\_\_\_\_

Please send by email to: [enquiries@sharedlivesw.org.uk](mailto:enquiries@sharedlivesw.org.uk) or by post to:

**Referrals, Shared Lives South West, Trewellard Farm, Wheal Rose, Scorrier, Redruth, TR16 5DH**