

| | | | | | |
|---|--------------|--|--|-----------------------|--|
| Information about the parent who wants the service | | | | Title: | |
| Last Name: | | First Name: | | Likes to be known as: | |
| Current Address: | | Middle Name: | | Gender: | |
| | | Telephone : | | Date of Birth: | |
| | | | | Nat Insurance no: | |
| Relationship to child: | | <input type="checkbox"/> Mother <input type="checkbox"/> Father | | | |
| Name of legal representative for parent: | | | | | |
| Address of legal representative: | | | | | |
| Telephone number of legal representative: | | | | | |
| Email address of legal representative | | | | | |
| Information about parent's partner | | | | | |
| Last Name: | | First Name: | | | |
| Current address: | Middle Name: | | Title: | | |
| | | | Likes to be known as: | | |
| | | | Gender: | | |
| | Telephone: | | Date of Birth: | | |
| | | | National Insurance no: | | |
| Information about the child | | | | | |
| Last name: | | First name(s): | | Middle Name (s): | |
| Likes to be known as: | | Gender: | | Date of Birth: | |
| Is the child currently living with parents? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If not, where is the child living? | | | | | |
| Name of child's social worker: | | | | | |
| Does the child attend any nursery or day care? | | | | | |
| GP Name or Medical Centre contact details (if known): | | Who is registered with GP/at this Medical Centre? | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child | | |

| | |
|--|--|
| Telephone: | |
| Email: | |
| Who is the main correspondent for the purposes of this referral? | |

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

- Is a young person in transition from foster care
 - Is currently in a residential school or college
 - Is currently living in a residential care home
 - Is currently living in a supported living tenancy
 - Is currently living in a parent/child foster placement
 - Is currently living at home with parents/family
 - Is currently living alone
 - Is currently in a short stay/respite setting
 - In a parent/child assessment setting
 - Is currently assessed under a section of the Mental Health Act (section 2,3 or 117)
- Other (please describe below)
-

Please tick all support needs that the parent who wants the service has:

- Has a learning disability
 - Has Autism
 - Has mental health support
 - Has physical disabilities
 - Has acquired brain injury
 - Support with parenting
 - Has a hearing impairment/deaf
 - Has a sight impairment/is non sighted
- Other (Is so, please give details)
-

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 PARENT'S FINANCIAL SITUATION

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

| | | | |
|--|---|------------------|-----------------------|
| <p>Who is likely to have funding responsibility for this service?</p> <p><input type="checkbox"/> Local authority – Adult social care</p> <p><input type="checkbox"/> Local authority – Children’s services</p> <p><input type="checkbox"/> Self-funded</p> <p><input type="checkbox"/> Local authority - split between Adult and Children’s Services</p> <p><input type="checkbox"/> Other</p> | | | |
| <p>Is the parent currently under section 117 of the Mental Health Act?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not known</p> | | | |
| <p>Does the parent have any capital that you are aware of?</p> <p><input type="checkbox"/> Not known</p> <p><input type="checkbox"/> Under £16,000</p> <p><input type="checkbox"/> Between £16,000 and £20,000</p> <p><input type="checkbox"/> Over £20,000</p> <p><input type="checkbox"/> Over £23,500</p> | | | |
| <p>Is the parent currently claiming any of the following:</p> | <p>Yes (If so, how much/how often)</p> | <p>No</p> | <p>Unknown</p> |
| Child Benefit | | | |
| Child Tax Credit | | | |
| Employment Support Allowance | | | |
| Housing Benefit/LHA | | | |
| Income Support | | | |
| Incapacity Benefit | | | |
| Severe Disablement Allowance | | | |
| Disability Living Allowance- Care/ PIP | | | |
| Disability Living Allowance- Mobility/PIP | | | |
| Pensions | | | |
| Pension Credit | | | |
| Other Income | | | |
| Earnings from paid employment | | | |

Does the parent currently have their own tenancy?

- Yes
 No

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

- Yes
 No

If yes, please give details

Has a financial capacity assessment been undertaken? Please give details and attach evidence.

| Budget holder/care manager with funding responsibility | | Details of anyone appointed to manage the parent's financial/personal affairs on their behalf | |
|--|--|---|--|
| Name | | Name | |
| Team | | Relationship | |
| Address | | Address | |
| Telephone | | Telephone | |
| Email | | Email | |

FURTHER INFORMATION ABOUT THE PARENT WHO WANTS THE SERVICE

Is the parent aware of Shared Lives as an option and, if so, are they favourable to the idea?

- Yes
 No

Has the parent seen any information about Shared Lives?

- Yes
 No
-

Where does the parent wish to live?

Please specify any geographical areas that would be considered/ would definitely not be considered. Is there a particular area where the parent has a good support network?

.....

What has led to this referral? Please give a brief history of the issues surrounding the referral.

What would be the main aim of a Shared Lives service?

Is the case currently in child care proceedings and, if yes, at what stage?

If yes, what is Children's Services proposed care plan?

Tell us about the parent wanting the service – 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 are the main areas of support that the parent requires from the service?
Briefly, what are the support needs of the parent in their own right?**

What are the main concerns about parenting and what support around parenting is required?

What are the specific abilities and strengths of the parent?

Are there any key areas of risk we need to be aware of?
e.g. any history or allegations of abuse; violence or aggression towards other by parent or others involved in their lives; active drug or alcohol issues, etc

Does the parent have any mobility issues we should take into account in matching? (Including use of stairs, wheelchair use, mobility aids used and so on)

Is the parent currently taking any medication?

Any specific dietary requirements?

Any specific health issues which will need support?

Are there any other key people involved?
e.g. partner, other parent of child, grandparents, siblings

What are the specific needs of the child?

Other services used by the parent

Does the parent attend any day time/leisure activities that need to be maintained?

- Yes
- No
- Don't know

If yes, please give details

Does the parent have any paid or voluntary employment?

- Yes
- No
- Don't know
-

If yes, please give details

Does the parent attend college/educational activity

- Yes
- No
- Don't know

If yes, please give details

Any other information about the parent requesting the service?

The person completing the form needs to sign here:

Signature.....

Date.....

Print Name

Relationship to parent

It is important that the person requesting the service from Shared Lives South West is aware that the information on this form will be shared with staff and some Shared Lives carers from Shared Lives South West in order to find the best match possible in our service. Please make sure this has been discussed and is understood by the person as appropriate.

Signature of parent requesting service (where applicable)

.....

Attachments – the more information you can send us, the easier it is for us to find a match in our Shared Lives service.

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
- Summary of court proceedings to date (NOT full court bundle)
- Other additional information. Please specify

.....

Please send by email to: enquiries@sharedlivesw.org.uk or by post:

Referrals from Devon County Council, Torbay Council & Plymouth Council send to:

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

Referrals from Cornwall Council send to:

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

For further details about how we will use your personal information, please read our privacy policy: <http://sharedlivesw.org.uk/cookies-privacy-accessibility/>