**Area: Camden**

**Direct Payments Client Referral Form**

**Referral Date:** Click here to enter a date.

**[Please complete all fields as indicated below. Any incomplete information may result in a delay and will not be accepted as a referral until missing information is received).**

**Please send completed referrals to e-mail address**

**All referrals should be sent with:**

* **a signed & dated copy of the support plan**

**Details about the Client** [with assessed need]:

|  |
| --- |
| Forename: **Surname:**  |
| **Camden ID:** |
| **Title:**   **DOB: Gender:**  |
| **Address:**

|  |
| --- |
| **Type of accommodation:** Choose an item. |

 |
| **Landline: Mobile:**  |
| **Email Address:**  |

|  |
| --- |
| **Ethnicity:** Choose an item.  |
| **Communication & Language needs: including preferred format for information:** **What languages does the suitable person speak?** **Do they require an interpreter? [language]** |

|  |
| --- |
| **Further information:****Religion (please state):** **Sexual orientation (please state):****Gender Identity? (See Page 4)** |

**Practitioner details:**

|  |
| --- |
| **Name**:  |
| **Landline:**   **Mobile:**  |
| **Team: Email address:**  |

|  |  |
| --- | --- |
| **Date personal budget authorised****:**  | Click here to enter a date. |

**Please confirm the nature of the referral (place X in appropriate box)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Direct Payment to individual** |  | **Direct payment for a Carer**  |  | **Personal Health Budget** |  |

|  |  |
| --- | --- |
| **Is the Direct Payment one-off or ongoing?**  | Choose an item. |
| **Budget Number of hours per week?** |  |
| **Hourly Rate?** | **£** |

**Client Direct Payment Support Needs:**

|  |  |
| --- | --- |
| **Employment Support:** Choose an item. | **Agency Support:** Choose an item. |
| **PA identified:** Choose an item. | **Recruitment Support:** Choose an item. |
| **Payroll:** Choose an item. | **Managed Account:** Choose an item. |
| **Other: (Please specify)**  |
| ***Note:*** * ***Payroll requires a minimum set up 5 working days, from receipt of complete payroll related information.***
* ***A Managed Account will not become live until receipt of Local Authority Funding and any Personal Contribution.***
 |

**Risk Management:**

|  |
| --- |
| **Are there any access issues to the address:** Choose an item. |

|  |
| --- |
| **Do they live alone?** No (if No please specify below) **If No, who else lives with them (including minors)?** |

|  |
| --- |
| **Are there any known Dangers, Risks or Issues that a visiting professional would need to be aware of? (i.e Pets, Medication, Behaviours, Household environment etc)** No |
| **If Yes, please provide comprehensive details of these Dangers, Risks or Issues:**  |

|  |
| --- |
| **Other Useful Information:** |

**Details about Nominated/Authorised Third Party Point of Contact (if applicable):**

|  |
| --- |
| **Title: Forename: Surname:** |
| **Camden ID if applicable: DOB:** |
| **Address (if different to above):** |
| **Landline: Mobile:**  |
| **Email Address: Relationship to client:** |
| **Will this person be managing the Direct Payment:** Choose an item. |
| **Will this person be the named employer (if employing PAs):** Choose an item. |
| **Does the Client have Capacity:** Choose an item. **If No, has a Formal Capacity Assessment been completed:** Choose an item. |
|  |

 **Financial Assessment:**

**Please confirm if an assessment has been:**

|  |  |
| --- | --- |
| **Discussed with client:** Choose an item. | **Completed:** Choose an item. |
|  If completed, what is their Personal Contribution? £ per week  |
| Please confirm the care plan is attached to referral Choose an item. |

*If sending the referral form electronically to PeoplePlus always use a safe means of transfer e.g. Encrypted/Secure Send.*

|  |  |
| --- | --- |
| ***For office Use only: Referral Accepted*** | ***Date and Initials:*** |
| ***Risk Assessment Required*** | ***Y/N*** |
| ***Date of Visit*** |  |
| ***Eclipse Logged*** | ***Date:*** |
| ***Eclipse Reference*** |  |

**Camden Demographic Questions**

What best describes your gender?

* Male
* Female
* Prefer to self-describe
* Prefer not to say

2. Do you identify as trans?

* Yes
* No
* Prefer not to say

3. To which of these ethnic groups do you belong? (Please tick one below)

WHITE

* English / Welsh / Scottish / Northern Irish / British
* Irish
* Gypsy or Irish traveller
* Any other white background (Please specify)

MIXED

* White and black Caribbean
* White and black African
* White and Asian
* Any other mixed background (Please specify)

ASIAN OR ASIAN BRITISH

* Indian
* Bangladeshi
* Chinese
* Any other Asian background (Please specify)

 BLACK OR BLACK BRITISH

* Caribbean
* African
* Any other black background (Please specify)

 OTHER ETHNIC GROUP

* Arab
* Any other ethnic group (Please specify)

4. Do you consider yourself to have a disability?

* Yes
* No
* Prefer not to say

5. Are you pregnant or expecting a child?

* Yes
* No
* Prefer not to say

6. In the last 12 months have you become a parent?

* Yes
* No
* Prefer not to say

7. What is your religion?

* Atheist
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* No religion or faith
* Prefer not to say
* Any other religion (Please specify)

8. Which of the following best describes your sexuality?

* Heterosexual / straight
* Gay woman / lesbian
* Gay man
* Bi/Bisexual
* Prefer not to say
* Prefer to self-describe
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_