

Referral Form Flat 108



If the referrer is not the young person or their carer, please ensure they are involved in completing this form.

Section 1 - Contact Details

Personal Information	
Name	
Address	
Postcode	
Home telephone	
Mobile telephone	
Age	
Date of birth	
Gender	
Ethnic origin	
Care First ID (if applicable)	
NHS Number	
Date referral completed	
Date support plan completed	

Emergency Contact	
Full name	
Address (if different)	
Home telephone	
Mobile telephone	
Relationship to me	

Name and contact details of the people involved in supporting me:
My Social Worker (if you have one) Name Address Telephone number
My NHS Transitions Worker (if you have one) Name Address Telephone number
School, college or university contact (if you have one) Name Address Telephone number
Name Address Telephone number Relationship to me
Name Address Telephone number Relationship to me

I am currently;

- Studying at university
- Studying at college
- Studying at school
- Working

Please give details of those attended;

University	
College	
School	

Who is completing this referral form? Please tick the relevant box

<input type="checkbox"/> I am answering the questions all by myself <input type="checkbox"/> I am answering the questions with help from someone else <input type="checkbox"/> Someone else is mainly answering the questions The person helping me is called

Section 2 - About Me

1. Some of the things I like to do are:

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2. Some of the things I don't like are:

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3. About my disability:

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4. Do you have an Education, Health and Care (EHC) Plan?

Yes

No

If you have answered yes, please attach a copy of your EHC plan to this referral.

5. What I would like to do:

Think about the following areas you would like to become more independent in. Give a score to show how well you think you manage now in each area. Please agree scores with whoever is helping you fill out this form using the following definitions;

Level Definitions	
1	I need lots of support, I have never tried this or I am anxious about trying it.
2	I try to do this but need support and/or prompting.
3	I am having a go but still need to improve and I don't always try to do it myself.
4	I mostly manage okay but still need some support and reminders.
5	I do it independently. I manage without support. I know how to get help if I need it.

Support needed	1	2	3	4	5	Give details of support you are already receiving
Shopping						
Travelling						
Cleaning						
Cooking a meal						
Making drinks & snacks						
Personal hygiene skills						
Managing money						
Socialising						
Personal safety						
Routines						

6. How do you think this service can help you to achieve the things you want to do? Please give as much detail as possible.

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7. Sessions in Flat 108 last around 2 to 3 hours a week. Please tell us when you would like to have your sessions;

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What times are you available on these days?						

Which days you would prefer to come in? Please only tick two;

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Section 3 – My Support Needs

1. Please state any support you may need to keep safe and reduce any risks. Attach any risk assessments or behaviour management plans.

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2. Please tick if an Occupational Therapist assessment is required;

- To ensure you can access the site and the flat
- To assess the facilities so that you can have an overnight stay

If you have ticked any of the above, please ensure you have provided details of your Occupational Therapist in Section 1 of this form.

3. Risk Assessment

Please tick as appropriate;

Area for support	Not applicable	Mitigation/Support required	Assessment required? Name and contact of who can provide further details
Mental Health needs			<input type="checkbox"/> Yes <input type="checkbox"/> No Name Contact
Physical Health needs			<input type="checkbox"/> Yes <input type="checkbox"/> No Name Contact
Substance use			<input type="checkbox"/> Yes <input type="checkbox"/> No Name Contact
Past/current offending behaviour			<input type="checkbox"/> Yes <input type="checkbox"/> No Name Contact
Behaviour that challenges services including sexualised behaviours			<input type="checkbox"/> Yes <input type="checkbox"/> No Name Contact

4. Support I may need in the following areas and frequency:

Area	How is this provided?	Frequency of this support
Health		
Communication		
Behaviour		
Personal Care needs		

5. Who will make the important decisions about my support? Please tick all relevant;

- Me
- Parent
- Carer
- Other (Please state)

6. How will I be supported at Flat 108? This service is free for young people aged 16-18. Please only answer this question if you are aged 19-25.

Source(s) of funding	
Total amount of funding	£

Section 4 – Consent

We want to ensure that all young people have the best time while using the resources at The Y. To ensure we can offer the support that is right for you, information from other people who know you may be required.

Your consent and permission is needed for us to ask for, use and to store this information – please see below and put a tick next to each statement to show your consent;

- This information can be shared with others where it is needed to help in providing the services at Flat 108
- Other reports or assessments can be asked for and can be shared to help the Core Group YMCA to ensure that all my needs are identified and can be met
- I give my permission for a risk assessment to be completed where this is needed based on information received about me
- Information may also be taken from this form and used by the council for monitoring and planning purposes

Your signature Date

Full Name.....

Parent/Carer signature Date

Full name

Please only complete below if the referrer is not the young person or their carer;

Referrer signature Date

Full name.....

Relationship to young person.....