

PRIVATE & CONFIDENTIAL

INITIAL REFERRAL FORM FOR SUPPORT SERVICES

Leading Lives website: www.leadinglives.org.uk

N.B.

For a Leading Lives Emergency Bed, a “Leading Lives Emergency Admission Form” needs to be completed and sent directly to the relevant Locality’s Operations Manager and Operations Director for that service.

To secure resource from our Progression Team, relating to housing support or opportunities for inclusion in the local community, then a referral has to be made through the SCC LD Cluster Teams, who will prioritise the customer needs and agree the outcomes that need to be achieved through the submission of a Short Term Enablement Plan.

Name of person referred	Surname - First Names – (Preferred Names) of person who needs support from Leading Lives.		
Date of birth	DOB – YYYY-MM-DD of person being referred		
Address	Address of person being referred		
Postcode	Postcode of person being referred		
Telephone No.	Contact Details of person being referred or their Primary Carer – inc Primary Carer’s Name and Relationship.	Care First 6 Number	SCC reference number
Preferred approach with customer	Please indicate here if we should not , as would be our norm, approach the customer direct. Indicate how you, as the referrer, wish to be involved.		

Person making referral	Name of person who has instigated the referral – not the person completing the form.		
Relationship to person/Job role?	E.g Social worker, mother, brother, friend etc	Self referral	Y/N
Tel. No. and E-Mail address	Contact Details of person making referral	Date of referral	Date the form is being referred to LL .
Funding Source Local Auth / Health/Private	Please clarify for Invoicing purposes.	Estimated Budget	£Early indication of funding to meet needs.
Approx. Hours of Support.	As a guide for the resource required to fulfill the customer needs.		

Which service does the customer wish to access & what would they like from this service?	
Service	Brief description of requirements / needs to be met / outcomes to be achieved. It is important to give as much information as possible around each service which you are asking LL to provide and what you hope that we may achieve for the customer and their family, so that LL can best fulfill everyone's needs.
Community Hub	This is where the customer specifically wishes to access the LL Building Based Day Service. We may access the local community from the building for periods of the day. As well as requirements and outcomes please advise of any history with Day Services and LL Centers in particular. Please state any preferences re service or activity etc.
Short Break (respite)	As well as requirements and outcomes please advise of number of nights allocated and any preferences around service or pre required dates.
Independence Plus Support in an individual's home or their Community.	This is about providing 1:1 support in someone's home or to enable them to access their community. Our Independence Plus Team provides personal care, as well as enabling individuals to be as independent as possible and to lead the life they choose. Leading Lives supports individuals from 13+ upwards, who may have complex physical needs, autism, ADHD, an acquired brain injury, or elderly customers who are suffering from ill health or Dementia. Please give as much detail as possible around the requirements and outcomes.
Wellbeing - older people	This is about providing Carer Respite and reducing social isolation for individuals. It may be delivered in one of our Day Care Units, or by 1:1 support in the home or local community Please state any preferences re service or activity etc.
Leading Lives Individual Service Fund Service.	This is where an individual has been allocated a personal budget and has expressed an interest in managing their Personal Budget through an ISF with Leading Lives. Please provide details of Personal Budgets allocated and what amount of that they would be looking to spend with Leading Lives versus other providers. If it involves new services for Leading Lives then please provide details in the relevant service box(es).
Leading Lives Direct Payments Managed Service.	This is where an individual has been allocated a personal budget and has asked for, or is already receiving it, as a Direct Payment, although they have expressed an interest in Leading Lives helping them manage the funds on their behalf. This can be as simple as producing statements and paying for services received either through ourselves or from other providers, up to assisting them in recruiting a PA and managing their payroll going forward. Please provide details of the Direct Payment amount and the level of support they are looking to receive from Leading Lives.

Mental Capacity

It is critical to complete the [Mental Capacity Details](#) for all individuals referred to Leading Lives, so that appropriate people can be involved in the referral process and the right decisions made with minimal delay.

Has it been assessed that the person has the mental capacity to understand and agree to their care and support arrangement?	yes/no Comment: Please detail any supporting assessments or legal frameworks which support this decision	
Has it been assessed that the person has the mental capacity to understand and agree to financial transactions?	yes/no Comment:	
<u>If no for either,</u> please confirm dates of any current Mental Capacity Assessments	Date(s):	
<u>If no,</u> who is acting on behalf of the assessed person – Please provide details of all Relevant Person’s Representative(s) (RPR) (only one person is required but if this responsibility is to be shared, a Trust can be set up to act as suitable persons)		
Full name (s) (or Trust name):	Address:	Contact phone no.
In what Capacity are they acting:		Please Tick as appropriate
Lasting Power of Attorney (health & welfare or finance)		
Court Appointed Deputy (health & welfare or finance)		
Best interest suitable person(s)		

Please provide any reports/assessments or documents that will assist the referral process

[It is important to provide as much information as possible – reports/assessments and additional information below - to support the referral process in order to prevent unnecessary delays and to ensure the customer’s needs are met to the best of our abilities.](#)

Care and Support Plan	Not applicable/attached/to follow Comment:
Personal Budget Summary	Not applicable/attached/to follow Comment: Please indicate how much of the Personal Budget you have allocated to deliver the service that you are requesting from Leading Lives.
Assessment	Not applicable/attached/to follow Description
Reports/Other?	Not applicable/attached/to follow Description:

If not included in any attached documents please provide the following information about yourself or on behalf of the person being referred:

Please provide as much information as possible.

For some of our services, it is important that you confirm the diagnosed Learning Disability in order to meet the service criteria.

Do you have a clinical diagnosis? Please detail.	
How do you communicate?	
How do you make choices for yourself?	
Do you experience any behaviour's that challenge?	
Do you have a sensory disability?	
Do you require any support with personal care?	
How is your general health and wellbeing?	
Do you take any medication? (do you self-medicate?)	
Do you require any support with mental health?	
Do you have any physical disability? How mobile are you?	
Can you access the community independently? Do you use public transport?	
Other relevant information or comments?	

Please email this form to: Referrals@leadinglives.org.uk

Or send by post to: Leading Lives office 12 Great Whip Street, Ipswich, IP2 8EZ.

For all enquiries please telephone **01473 406777**

Once your referral has been received somebody from Leading Lives will contact you to confirm the work has been allocated.

Further information may be required before a service agreement is made.