

Surname:	Forename:	D.O.B:
SWIFT ID:	NHS No:	
If you need advice or help to complete this Referral Form, please contact the LD Duty Team on 01793 464819		

Referral to Swindon Borough Council Adult Services Learning Disability Social Work Team Key Information Section (please complete as much of this section as you can)			
Service User Prefers to be known as	<input type="text"/>		Title Select Title
Surname	<input type="text"/>		Gender Select Gender
Forename	<input type="text"/>		Ethnic Group Select Ethnicity.
			Religion Select Religion
Preferred Language	Select Language		SWIFT ID <input type="text"/>
Address for Contact	<input type="text"/>		NHS No. <input type="text"/>
Postcode	<input type="text"/>	Tel No. <input type="text"/>	Mobile No. <input type="text"/>
Date of 18 th Birthday (Transitions referrals only)	Click here to enter a date.		Date of Birth (dd/mm/yyyy) Click here to enter a date.
GP Practice	<input type="text"/>		
Tel No	<input type="text"/>	GP Name	<input type="text"/>
Does the individual live alone?	Select a value		
Parent / Carer Surname	<input type="text"/>		Gender Select Gender
Forenames	<input type="text"/>		Ethnic Group Select Ethnicity.
Relationship to person	Select relationship		
Preferred Language	Select Language		Carers ID No. <input type="text"/>
Address for Contact (if different)	<input type="text"/>		Tel. No. <input type="text"/>

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Postcode	<input type="text"/>	Mobile No.	<input type="text"/>
Key holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Key holder information: does anyone else hold a key?			
Parent/ Carer 2 Surname	<input type="text"/>	Gender	Select Gender
Forenames	<input type="text"/>	Ethnic Group	Select Ethnicity.
Relationship to person	Select relationship		
Preferred Language	Select Language	Carers ID No.	<input type="text"/>
Address for Contact (if different)	<input type="text"/>	Tel No.	<input type="text"/>
Postcode	<input type="text"/>	Mobile No.	<input type="text"/>
Key holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Key holder information: does anyone else hold a key?			

Financial Representative	Self <input type="checkbox"/>	Other <input type="checkbox"/>	If other please complete details below:	
Relationship to person	Select relationship	Date of Birth (dd/mm/yyyy)	Click here to enter a date.	
Preferred Language	Select Language			
Address	<input type="text"/>	Tel. No.	<input type="text"/>	
Postcode	<input type="text"/>	Mobile No.	<input type="text"/>	

Additional Contact Information Include details of any children and any other significant relationships
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Referral Information

Is this a referral for the Transitions service or Learning Disability Adults Social Care Team?
 Please check the appropriate box

Transitions Team LD Adult Social Care Team

Does the service user / carer / parent consent to the Transitions Team / LD Team contacting them to complete an assessment?
 Please check the appropriate box

Yes No Parental consent given Unable to consent to an assessment

Does the service user / carer need support to understand information, express their needs / wishes and make choices? Please check the appropriate box

Yes No

If yes does the service user / carer have a / family member / carer / friend who can assist them?

Yes No

If no would the service user / carer like an advocate to assist them?

Yes No

Reason for referral i.e. what outcomes or goals does the service user / carer want to achieve in order to promote their wellbeing? This may include the following (please tick relevant boxes):

- Finding work
- Accessing education
- Managing personal care tasks
- Managing and maintaining nutrition
- Managing household tasks such as shopping and budgeting
- Maintaining or developing relationships
- Staying safe
- Living more independently
- Support with parenting
- Support with carer role
- Other – please give information in section below.

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What relevant information do you have about their strengths and needs? *Please use additional sheets to complete this section if required.*

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Details of any recent life events or changes which have led to this referral

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How is the service user / carer managing at the current time? e.g. with difficulty / great difficulty / unable to continue without immediate support. Please give details.

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Details of any health problems / diagnoses e.g. learning disability, mental health problems, physical health problems / diagnoses

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Details of any services received and professionals involved in the service user's / carer's support e.g. school / college, day services, LD Health services, mental health services, Children's Services, Psychologist, Psychiatrist, Swindon Carers' Centre, etc.

Agency	Named Person

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Are there any relevant supporting documents / assessments accompanying this referral? e.g. Psychologist Assessment, EHCP, most recent Teacher Report, most recent Annual Review Report, Mental Health Assessment / CPA. Please tick or double click to check the appropriate box Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:
Are there any identified or known risks to professionals working with this service user?

Name of Practitioner completing referral		Role:	
Contact details for practitioner completing referral (email/phone)			
Name of organisation:		Date:	Click here to enter a date.

Once this referral has been completed, it should be returned **securely** to the LD Duty Team at LDDuty@swindon.gov.uk

If you want to clarify any elements of the referral before submitting this form then please call the LD Duty Team on 01793 464820.

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Eligibility Criteria for Adult Social Care

The Care Act provides clear and transparent criteria that apply everywhere in the country and in all cases, leading to consistent decision making, but are still underpinned by professional judgement.

A mandatory, three stage process is used to determine whether needs are eligible.

For needs to be eligible the following 3 criteria must **ALL** be met:

1. The needs result from a physical or mental impairment or illness

AND

2. As a result of the adult's needs they are unable to achieve two or more of the outcomes listed in the regulations:
 - ❖ Managing and maintaining nutrition
 - ❖ Maintaining personal hygiene
 - ❖ Managing toilet needs
 - ❖ Being appropriately clothed
 - ❖ Being able to make use of the adult's home safely
 - ❖ Maintaining a habitable home environment
 - ❖ Developing and maintaining family or other personal relationships
 - ❖ Accessing and engaging in work, training, education or volunteering
 - ❖ Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
 - ❖ Carrying out any caring responsibilities the adult has for a child

AND

3. As a result of not being able to achieve these outcomes, there is, or is likely to be a significant (substantial and critical) impact on the adult's wellbeing