

Adult Referral to Shared Lives



Referral Summary

Before making a formal referral to Shared Lives, you are advised to contact Person Shaped Support (PSS) for an informal discussion about the person's interest in Shared Lives. PSS will advise about placement availability and potential timescales. You can contact PSS on 01529 400 765.

Once this referral and supporting evidence is ready, please email it to sharedliveslincs@pss.org.uk

Name

Preferred Name

Name:

ID:

Adult Referral to Shared Lives

Address

Telephone Number(s)

Email address

Date of birth

Age

Gender

If 'Other', please state

Name:

ID:

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Ethnicity	<input type="text"/>
Sub-Ethnicity	<input type="text"/>
Occupation	<input type="text"/>
Primary Support Reason	<input type="text"/>
Primary Support Reason Sub-Category	<input type="text"/>
If 'PSR Not Yet Established', please explain	<input type="text"/>

GP / Medical Practitioner

GP Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>

GP Surgery

GP Surgery	<input type="text"/>
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Name:

ID:

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Address

Telephone

Confirmation that the person is still not currently registered with a GP Practice, or that the name of the Practice continues to be unknown

GP Surgery Validation

Please confirm that the person is still not currently registered with a GP Practice, or that the name of the Practice continues to be unknown

Has not been verified

Name:

ID:

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GP Surgery Validation

Other key information about the person. Information may include legal, dietary, medication, cultural, parental responsibility, risk assessment, moving and handling requirements, capacity assessment, DoLS authority.

Important People and Services

Does the person live alone?

Yes

No

Who else lives with the person

Name	Age	Telephone	Email	Relationship	Next of kin	Emergency contact

Name:

ID:

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Next of Kin / Emergency Contact (if not in the same household)

Name	Date of birth	Address	Telephone	Email	Relationship	Next of kin	Emergency contact

Please record any important formal or informal relationships or dependents

Name	Date of birth	Address	Telephone	Email	Relationship to person

Please include details of any services the person is currently receiving and any that are planned.

Current or planned services

Please include details such as the person's preferred contact, or any potential issues, e.g. ongoing safeguarding issues that may be related to other members of household.

Other important information

Name:

ID:

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Has the person consented to:

- the referral being made
- the service
- sharing information with other organisations

About the referral

Date of referral

Name:

ID:

Reason for referral. For example, family breakdown, safeguarding, living with elderly parents.

Expected length of service

Preferred location type

Preferred location

Other possible location(s)

- Boston
- Bourne
- Gainsborough
- Grantham
- Lincoln
- Louth
- Market Rasen
- North Hykeham
- Skegness

Name:

ID:

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- Sleaford
- Spalding
- Stamford
- Out of County
- Other
- No preference

Please specify the location if
'Other' has been selected

Name:

ID:

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Referred by

Organisation / Team name

Telephone

Email

Name:

ID:

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Banding

Payment levels (bandings) to Shared Lives carers are decided according to the level of support the Shared Lives carer gives to the person, rather than the hours worked.

You should identify the statements which are the closest approximation to the person's overall needs. The statements in the boxes will not always be an exact fit and the statement nearest to the level of support needed should be chosen.

In the additional information boxes, include basic information that will assist the provider to make a decision about whether they can meet the person's needs.

Support Needs

Personal care needs

I sometimes need help or prompting

I need help and prompting with personal care during the day

I need a lot of help and prompting with personal care, including during the night

Additional information, if relevant

Being alone and safe at home

I can be left alone in places that I know for a short time

I need my carer(s) about most of the time to keep me safe

I need my carer(s) to be around, day and night, to keep me safe

Additional information, if relevant

Eating and drinking

I can eat and drink without support, but will need help to make drinks and snacks

I need some help to eat and drink. I will need my carer(s) to prepare my meals, drinks and snacks

I need a lot of help to eat and drink. My carer(s) will need to feed me and give me drinks. Includes PEG feeding

Additional information, if relevant

Maintaining my home

I can look after my own room and help with the jobs that need doing around the house. I will need help with shopping

I need my carer(s) to give me a lot of help and encouragement with household jobs and shopping

I can't do anything about the house. My carer(s) will need to do all the household jobs and shopping

Additional information, if relevant

Managing money

I need some help to look after my own money, banking and budgeting

I understand a bit about money, but need a lot of support with going to the

I can't manage my own money or finances. I need my carer(s) to manage my money for me

bank, shopping and managing my money

Additional information, if relevant

Health and wellbeing

I take my own medicine, but need some support to manage my long term medical condition(s)

I need some support to take my medicine, to manage my long term medical condition(s), and to make and attend appointments

I need a lot of support to manage my long term medical condition(s) and to take my medication

Additional information, if relevant

Emotional wellbeing

I need my carer(s) to keep an eye on my emotional wellbeing

I often need support to stay emotionally well

I always need help from my carer(s) to stay emotionally well

Additional information, if relevant

Relationships and being included

I need some support to help me organise my social life, to make new friends and keep in touch with old friends

I need support to go out and help me find new things to do. I need my carer(s) to come with me until I feel comfortable

I need support to try new things and to socialise. I will need my carer(s) to arrange things for me and often to be with me

Additional information, if relevant

Choice and control

I make my own decisions, but may need some support and advice. I need support to build my confidence

I regularly need some support to make choices, including day to day decisions

Other people make most decisions on my behalf. I need support to make choices and to take more control of my own life

Additional information, if relevant

Taking risks

I sometimes need help to think about the risks involved in things that I want to do and how to stay safe

My carer(s) need to spend quite a lot of time to help me stay safe. I sometimes need my carer(s) with me to help me avoid getting hurt

My carer(s) need to do a lot to make sure I stay safe. Without constant support, I am likely to get hurt

Additional information, if relevant

Keeping in touch and family and friends

I sometimes need reminding to keep in touch with my family and friends

I need help from my carer(s) to make phone calls and to arrange to see my family and friends

I need a lot of encouragement to stay in touch with family and friends. My carer(s) need to organise this and may need to come with me

Additional information, if relevant

Communication

- I need help when I deal with forms, letters and meetings
- I can find it difficult to understand others and to make myself understood. I often need help with people I don't know or if I feel uncomfortable
- My communication difficulties make it difficult for people to understand me. I need a lot of help to communicate with people who don't know me well

Additional information, if relevant

Employment, education and leisure

- I need some support to help me to work, learn new things and take part in activities
- I regularly need support from my carer(s) so that I can work, learn things and take part in activities
- I always need support from my carer(s) so that I can work, learn things and take part in activities

Additional information, if relevant

[Empty text box for additional information]

Getting about

I can travel on my own if I know the journey, but will need support from my carer(s) for other journeys

I often need my carer(s) to come with me

I always need my carer(s) to support me to go to places

Additional information, if relevant

[Empty text box for additional information]

Support Needs Scoring

Support Needs Total Score

Support Needs Average Score

Support Needs Band (based on average score of above)

Support Needs in each category)

Name:

ID:

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