



# Deputy & Estates Team Referral V1.0

Document Deputy & Estates Referral

Purpose Step by step process of how to make a referral to the Deputy & Estates Team

Version V1.0

**Owner** ICT Transformation Team

Last Updated 4/4/2023



# How to find the Deputy & Estates Referral form

- 1. The form is used to make a referral to the Deputy & Estates Team to request their involvement with a person's affairs.
- 2. Locate the relevant Case Record > Menu > Related Items > Forms (Case).



3. Once selected, it shows a list view of all available **Forms** for this **Case**. To create a new form, select **create new record** from the toolbar.

•	Menu V Timeline Details									
+	+ 💷 🎝 😈 Forms (Case)									
F	lelated Records	~			Search for records			Q 2		
	Due Date 71	Form Type		Start Date	Status	Responsible User	Responsible Team	Completed By		
	15/02/2023	Adult Conversation Record		06/01/2023	In Progress	Sarah Coupland-Jenkins	CD V6 Team			
	10/02/2023	Adult Conversation Record		03/01/2023	Closed	Sarah Coupland-Jenkins	CD V6 Team	Sarah Coupland-Jen		

4. Under Form Type select Deputy and Estates Team Referral Form. Then click Save.

Form (Case): New			
ST. Jayne (Ic 2 4) V Person Record		Born: 06/06/1996 (26 Years) Gender: Female NHS No: 777	7 080 6534
onouns: She/Her eferred Name: Jayne		I 🖓 🛃 🖉	ઢ 💼
Details			
General			
Case*		Responsible Team *	
Test, Jayne - (06/06/1996) [CAS-000001-2056]	XQ	Adults Connecting Care Team East	XQ
Form Type*		Responsible User	
Deputy and Estates Team Referral Form	ХQ		Q
Status*		1 Date	
In Progress	~		雦
Start Date*		Review Date	
28/03/2023	曲		雦



# How to complete the form

1. Once saved, a pencil (edit) icon will appear on the toolbar. Select it.

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EST,Jayne (Id: 400004) V Person Record		Born: 06/06/1996 (26 Years) Gender: Female NHS No: 777 080 6534
Pronouns: She/Her Preferred Name: Jayne		🚸 🔧 🖉 🌢 👜
Menu V Details		
General		
Case*		Responsible Team*
Test, Jayne - (06/06/1996) [CAS-000001-2056]	Q	Adults Connecting Care Team East Q
Form Type*		Responsible User
Deputy and Estates Team Referral Form	Q	Sarah Coupland-Jenkins XQ

2. This will open the form for you to complete.

← 🖬 🖬 🖬	Deputy and Estates Team F	Referral Form						
TEST,Jayne (ld: 400004) Per Pronouns: She/Her Preferred Name: Jayne	son Record	Born:	06/06/1996 (26	Years) Gender: Female NHS No: 777 080	8534 🚿			
Person Details Living Arrangements Property Ownership	Person Details Client Details - Adults			~				
Legal Assets Debts Paferrer information	First Name 🔄	Last Name Test		Address 20, Lakeside Park, Normanton, WF6 IWN				
Referrer monnation	Date of Birth 06/06/1996	NHS Number 777 080 6534		ID 400004				
	Current marital status Marital Status Married							
	Does the service user have mental capacity to manage their financial affairs?							
	Has the Service User given consent							
	Yes							



 The form displays a list of all the person's current **Relationships**. If you wish to add a new **Relationship**, you can click on **New**. This will allow you to add a new **Relationship** to the person's record (see separate guide).
 Person's current relationships

New	
Related Person	Related Relationship
📝 Jack Test	Carer
📝 Test Tester	Independent Advocate
Courtney Test	Cousin
📄 Sarah Test	Mother

4. All sections of the form are **mandatory**. Answering Yes to some questions will open up new questions. For example:

Is there an occupational or private pension?									
If 'not known', please try and find out whether the service user has worked in the past and what jobs they may have held.									
Yes									
O No									
O Not known									
If 'Yes', please complete the pension details below if known and also provide paperwork if possible.									
Name and address of company	Reference / Member Number (if applicable)	Amount (£) *	Gross or Net	Frequency					



5. Any of the **tables** for Assets, Pensions, Debts etc can have new rows added. Click on **New** to add a new row.

Assets								
Bank accounts / savings								
Please complete below to the best of your ability with the information known to you at the present time.								
New New								
Bank name	Account Number (must be 8 digits)	Sort Code (must be 6 digits)	Name(s) on account	Capital				
					8			

6. Please note the instructions at the end of the form. This is a reminder of what **additional information** is required. This can be added to CareDirector as **Attachments**.

Referrer information	$\sim$
<ul> <li>Prior to changing the status of this form to Complete please:         <ul> <li>Check GP details are correct.</li> <li>Set up relationships with up-to-date details of family members.</li> </ul> </li> <li>Documentation required:         <ul> <li>Mental Capacity Assessment, written signature required by DWP on the back page.</li> <li>Any other useful paperwork such as bank statements, private pension statements, utility bills, funeral plans, copy Wills etc. Read Less</li> </ul> </li> </ul>	

7. When finished, select Save and Return to Previous Page from the toolbar.

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TEST,	Jayne (Id: 400004	e) Person	n Record		Born: 06/06/1996 (26 Years) Gender: Fen	nale NHS No: 777 080 6534 🗸
Prono Prefe	ouns: She/Her rred Name: Jayne	2				



8. Change the status of the form to **Complete**. Then **Save**.

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TEST, Jayne (2 ,004) V Person Record		Born: 06/06/1996 (26 Years) Gender: Female NHS No: 777	080 6534
Pronouns: She/Her Preferred Name: Jayne		In the second se	ઢ 💼 🤞
Menu V Details			
General			
Case*	_	Responsible Team*	
Test, Jayne - (06/06/1996) [CAS-000001-2056]	Q	Adults Connecting Care Team East	Q
Form Type*		Responsible User	
Deputy and Estates Team Referral Form	Q	Sarah Coupland-Jenkins	XQ
Status*		Due Date	
Complete	~	04/04/2023	雦
Start Date*		view Date	
28/03/2023	雦		雦
Preceding Form			



## The approval process

The flowchart below shows the process of how the form is approved and sent to the Deputy Estates Team for action.





### **Version Control**

Version Number	Change	Author	By Date
1.0	Creation of document	SCJ	04/04/2023