



# INDEPENDENCE SUPPORT PROGRAMME | REFERRAL FORM

Glossary of Terms	
"You"	The Individual being referred for our Independence Support Programme.
"Support"	Any help the individual receives to help maintain or improve independence.

## Referral Information

Referral Date					
Referral Type (Put an 'X' in the appropriate box).					
Local Authority (Commission)		Local Authority (Direct Payment)		Self-Referral / Self-Funding	
Referral Completed by:					
Organisation (if applicable)					

## Personal Details (of the individual being referred)

First Name					
Last Name					
Date of Birth		Age			
Gender					
Male		Female		Non-Binary	
Transgender (M to F)		Transgender (F to M)		Choose Not to Answer	
Other (Please Specify)					
Address					
	Post Code				
Living Circumstances					
Living alone		Living with Parents		Living with Partner	
HMO/Sheltered Housing		Supported Living		Homeless	
Contact Numbers	1		2		
Email Address					



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### Goals and Needs

What are your current Goals?	
1	
When might you aim to achieve this by?	
What Support might be required to be able to achieve this?	
2	
When might you aim to achieve this by?	
What Support might be required to be able to achieve this?	
3	
When might you aim to achieve this by?	
What Support might be required to be able to achieve this?	



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### | Current Support

<p>Who are you currently receiving support from?</p>	
<p>What do you currently get support to do?</p>	
<p>When do you currently receive your support?</p>	



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## Referral Risk Assessment

Are there any relevant risks to yourself? <i>(Put an 'X' in the appropriate box)</i>			
Yes		No	
If 'Yes', Please describe these risks:			
Are there any relevant risks to those living with or supporting you? <i>(Put an 'X' in the appropriate box)</i>			
Yes		No	
If 'Yes', Please describe these risks:			
Is there any current or previous substance abuse? (Drugs or Alcohol) <i>(Put an 'X' in the appropriate box)</i>			
Yes		No	
If 'Yes', Please describe these risks:			
Have you got any previous, currently pending, or suspended criminal convictions? <i>(Put an 'X' in the appropriate box)</i>			
Yes		No	
If 'Yes', Please describe these risks:			

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## Declaration:

I declare all of the information provided is accurate to the best of my knowledge and understand that any incomplete or incorrect information could affect The Senses Project's ability to offer support under the Independence Support Programme.	
<b>INDIVIDUAL</b>	
Signature	
Full Name (Printed)	
Date	
<b>LOCAL AUTHORITY REPRESENTATIVE</b>	
Signature	
Full Name (Printed)	
Position	
Date	
<b>THIRD PARTY</b>	
Signature	
Full Name (Printed)	
Relationship to the Individual	
Date	