**Better at Home Referral Form**

**Date:**

**If you have any questions regarding this form, please contact the Better at Home Team. When you have completed the form send to the BAH email.**

**Email:** [**bah@ageukwandsworth.org.uk**](mailto:bah@ageukwandsworth.org.uk) **Contact number: 020 8877 8940**

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| **Better At Home Referral Form** | | | | |
| **Has the client consented to the referral:** Yes  No | | | | |
| **When making a referral please bear in mind the information below:**  All Sections of the referral form must be complete for us to accept your referral and client must give their consent to make a referral.  Our services are unable to offer domestic support or personal care.  Most of our services are supported by volunteers. | | | | |
| **Client Information** | | | | |
| **Client Name:** | **DOB:** | | **Phone Number:** | **Email:** |
| **Does the client live in the borough of Wandsworth?** Yes  No  (Wandsworth Borough residents only)  Address:  Postcode: | | | | |
| **Can the client be contacted directly or contact via Next of Kin *(NOK)?* Client  NOK** | | | | |
| |  |  |  | | --- | --- | --- | | Next of Kin:  Relationship to client:  Phone Number:  Email: | GP:  Name:  Address:  Phone number:  Email: | Referrer’s name:  Referrer’s role:  Organisation:  Phone Number:  Email: | | Emergency Contact:  Relationship to client:  Phone Number:  Email: | | | | | |
| **Home circumstances**  Living alone  With a partner  With family  Other  *If other please specify:* | | | | |
|  | | | | |
| **Service Requirement Details** | | | | |
| **Which service is the client being referred to? *(more than one box can be ticked)***  Shopping Service  Handyperson Service  Be A Friend  Befriending plus  Voluntary Sector Navigator  Hospital Discharge Service | | | | |
| **Shopping Service (an online service which we do with the client on the phone)**  *Reason for referral?*  Is the client able to prepare their shopping list and communicate clearly over the phone?  Does the client have debit or credit card and is willing to use it for the shopping service?  Is the client able to remember the shopping arranged appointments?  Does the client have a mobile phone?  ***Please note:***  *The mobile phone is needed to facilitate OTP code.*  *We are not able to offer any in-person shopping service.*  *We are not able to provide food parcels for clients.* | | | | |
| **Handy Person Service**  Reason for referral and what is required?  *Prior to key safe installation we need written permission by email from a Building or Estate Manager if either;*  *a) property is not owned by client,*  *b) property shares a communal entrance or*  *c) it is part of a larger development/ block of flats and is to be fitted at a communal door or in communal area outside of flat/ apartment door.* | | | | |
| **Be A Friend *(BAF)* Service**  *Reason for referral?*  *The BAF service is purely a sociable service to help combat loneliness, social isolation, for house bound clients living alone or unpaid carers.*  *Please note our volunteers are not specialist trained.* | | | | |
| **Befriending Plus (Bef+) Service**  *Reason for referral?*  *This is a befriending project to which the client* ***MUST*** *be referred by a Social Worker, please provide social worker’s details.*  *This service does not provide domestic cleaning or personal care services.* | | | | |
| **Voluntary Sector Navigator and Hospital Discharge Support Service**  Voluntary Sector Navigator (community support)  Hospital Discharge Support  *Reason for referral?*  ***Estimated Hospital discharge date (if applicable):*** | | | | |
| **Client’s Needs** | | | | |
| **Mobility** | | Independent  Independent with mobility aid  Restricted  Assistance required | | |
| **Hearing** | | Able to hear  Hearing Aid  Limited  Partially Deaf  Deaf | | |
| **Vision** | | Good  Visually Impaired  Registered Blind | | |
| **Speech** | | Clear  Slurred  Limited  Non-verbal | | |
| Please state if the client has any specific health conditions, cognitive difficulties/memory issues or any other special needs: | | | | |
| **Package of care (PoC):**  1 x day  2 x day  3 x day  Double handed  **Care agency Manager:**  **Care agency address and telephone no:** | | | | |
| **Environment Risk in the client’s home:**  **Please tick:**  Bed bugs in the home ☐ Poorly lit home ☐ Hoarding conditions ☐ Vermin ☐ Broken electrical sockets ☐ Loose carpets ☐ No fire alarm ☐ Pets ☐ Loose cables ☐ Damp Conditions ☐ Smoker ☐ | | | | |
| Any other relevant information or risks you may be aware of that would impact a visit from our staff or volunteers?  *Where volunteers will be visiting the client’s home, the coordinator will visit to assess the home environment to ensure it is suitable for a volunteer to visit. The coordinator will decline any clients whose homes and/or behaviour are not deemed safe for a volunteer to visit.* | | | | |

# Equality and Diversity Monitoring Form

Age UK Wandsworth wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the service users in encouraging equality and diversity.

The organisation needs your help and co-operation to complete this form. It is important to fill it in as accurately as you can. The information provided will be kept confidentially and will be used for monitoring purposes. Thank you!

**Client Gender:** Male  Female  Intersex  Non-binary  Prefer not to say

If you prefer to use your own gender identity, please state:…………………………………………………………………………….

Is the gender you identify with the same as your gender registered at birth?

Yes    No  Prefer not to say

**What is the client’s ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please state:

***Black, African, Caribbean or Black British***

African  Caribbean  Black British  Prefer not to say

Any other Black, African, or Caribbean background, please state:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say  Any other Mixed or Multiple ethnic background, please state:

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please state:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please state:

**Does the client consider themself to have a disability or health condition?**

Yes  No  Prefer not to say

**What is the client’s sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  LGBTQ+  Prefer not to say

If you prefer to use your own identity, please state:

**What is the client’s religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  If other religion or belief, please state:

**Does the client have caring responsibilities? Please tick all that apply:**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (age 18+)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**Please return this completed form to** [**bah@ageukwandsworth.org.uk**](mailto:bah@ageukwandsworth.org.uk)

**Thank you from Age UK Wandsworth.**