

FACE Overview Assessment

Age Band at time of assessment	<input type="radio"/> Under 18 <input checked="" type="radio"/> 18-24 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65-74 <input type="radio"/> 75-84 <input type="radio"/> 85-94 <input type="radio"/> 95+
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Supporting you in your assessment

Do you need an interpreter?	<input type="radio"/> Yes <input type="radio"/> No
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Do you consider yourself to be any of the following

Deaf	<input type="radio"/> Yes <input type="radio"/> No
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Blind	<input type="radio"/> Yes <input type="radio"/> No
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Deafblind	<input type="radio"/> Yes <input type="radio"/> No
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Do you have communication difficulties?	No difficulties <input type="radio"/> Mild difficulties <input type="radio"/> Consistent difficulties <input type="radio"/> Severe difficulties <input type="radio"/> Understanding/expressing <input type="radio"/>
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Do you have any difficulties with understanding and/or retaining information?	<input type="radio"/> Yes <input type="radio"/> No
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Do you have any difficulties making decisions and/or understanding their impact?	<input type="radio"/> Yes <input type="radio"/> No
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Details of difficulties and what would help you communicate more easily during your assessment e.g. a family member or friend present, an independent advocate, specialist communication support	
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Other people involved in your assessment e.g. advocate, family, friend, other professional(s)		
Name	Role/Relationship	Contact Details
About You		
Your personal and family background including important recent events or changes in your life	<input type="radio"/>	
What areas of your life do you most enjoy or value? including your main interests and where you can most contribute		
What changes would most improve your wellbeing or quality of life?		
Your family, carer(s) or advocate's views		
Do you have any concerns about how others treat you? e.g. neglect, abuse, discrimination	<input type="radio"/> Yes <input type="radio"/> No	

Your home and living situation	
Includes the eligibility outcome: Maintaining a habitable home environment	
Are you currently staying in a hospital or other NHS facility?	<input type="radio"/> Yes <input type="radio"/> No
Your current living situation	<input type="radio"/> Living independently alone <input type="radio"/> Living with family/friends (short term) <input type="radio"/> Living with family/friends (long term) <input type="radio"/> Living with a live-in care worker <input type="radio"/> Living in sheltered housing or similar <input type="radio"/> Supported living tenancy (regular staff presence) <input type="radio"/> Supported living tenancy (24 hour staff presence) <input type="radio"/> Living in Extracare housing <input type="radio"/> Living in a registered residential home <input type="radio"/> Living in a registered nursing home <input type="radio"/> Shared Lives/adult placement <input type="radio"/> Other - Healthcare residential facility/hospital <input type="radio"/> Other - Ex-offender (e.g. probation hostel) <input type="radio"/> Other - Mobile (Gypsy/Traveller/Roma) <input type="radio"/> Other - Rough sleeper/squatting <input type="radio"/> Other - Night shelter/hostel <input type="radio"/> Other - Refuge <input type="radio"/> Other - Temporary accommodation (local authority) <input type="radio"/> Other - Prison/other criminal justice facility <input type="radio"/> Other permanent living situation <input type="radio"/> Other temporary living situation
Your current tenure	<input type="radio"/> Owner occupier or shared ownership scheme <input type="radio"/> Tenant <input type="radio"/> Tenant (private landlord) <input type="radio"/> Not applicable
Maintaining your home in a sufficiently clean and safe condition	
Your situation	<div>Little or no difficulty/risk (can manage alone) <input type="radio"/></div> <div>Significant difficulty/risk (sometimes needs help) <input type="radio"/></div> <div>Significant difficulty/risk (always needs help) <input type="radio"/></div> <div>Unable to manage needs one other to undertake <input type="radio"/></div> <div>Unable to manage needs two others to undertake <input type="radio"/></div> <div>Not applicable <input type="radio"/></div>
Details of your needs maintaining your home in a sufficiently clean and safe condition	

Details of what you would like to achieve maintaining your home in a sufficiently clean and safe condition	
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Managing Paperwork, Managing Finances

Are you able to manage your own day-to-day paperwork?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to manage your own finances?	<input type="radio"/> Yes <input type="radio"/> No
Details of your needs managing paperwork, managing finances	

If appropriate, you may wish to be referred for financial advice and/or maximising your benefits.

Are you able to access/use the Internet?	Yes <input type="radio"/> No <input type="radio"/>
Are you using specialist technology to help you manage at home? e.g. telecare	Yes <input type="radio"/> No <input type="radio"/>
Do you have any concerns about your current home and living situation? e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms	Yes <input type="radio"/> No <input type="radio"/>
Details	

Eating healthily and safely		
Includes the eligibility outcome: Managing and maintaining nutrition		
Shopping for food/essentials Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always need help) <input type="radio"/> Unable to manage needs one other to undertake <input type="radio"/> Unable to manage needs two others to undertake <input type="radio"/> Not applicable <input type="radio"/>	
Preparing meals/snacks/drinks Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always need help) <input type="radio"/> Unable to manage needs one other to undertake <input type="radio"/> Unable to manage needs two others to undertake <input type="radio"/> Not applicable <input type="radio"/>	
How often do you need support?	None <input type="radio"/> Less than daily <input type="radio"/> Once a day <input type="radio"/> Twice a day <input type="radio"/> Three times a day <input type="radio"/> Four times a day <input type="radio"/> Every 2-3 hours <input type="radio"/> Every hour <input type="radio"/> Not applicable <input type="radio"/>	
Eating and Drinking Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always need help) <input type="radio"/> Unable to manage needs one other to undertake <input type="radio"/> Unable to manage needs two others to undertake <input type="radio"/> Not applicable <input type="radio"/>	
Details of your needs and what you would like to achieve (shopping, preparing meals/snacks/drinks, eating and drinking)		

Do you have any dietary or eating difficulties that put you at risk or require skilled support?	Yes <input type="radio"/> No <input type="radio"/>
Details	
Your Personal Care	
Includes the eligibility outcome: Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed	
Using the toilet / managing continence	
Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always needs help) <input type="radio"/> Unable to manage – needs on other to undertake <input type="radio"/> Unable to manage – needs two others to undertake <input type="radio"/>
Using the toilet / managing continence	
How often do you need support	None <input type="radio"/> Less than daily <input type="radio"/> Once a day <input type="radio"/> Twice a day <input type="radio"/> Three times a day <input type="radio"/> Four times a day <input type="radio"/> Every 2-3 hours <input type="radio"/> Every hour <input type="radio"/>
Details of what you would like to achieve using the toilet/managing continence	
Maintaining Personal Hygiene	
Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always needs help) <input type="radio"/> Unable to manage – needs on other to undertake <input type="radio"/> Unable to manage – needs two others to undertake <input type="radio"/>
Washing Whole Body	
Your situation	Little or no difficulty/risk (can manage alone) <input type="radio"/> Significant difficulty/risk (sometimes need help) <input type="radio"/> Significant difficulty/risk (always needs help) <input type="radio"/> Unable to manage – needs on other to undertake <input type="radio"/> Unable to manage – needs two others to undertake <input type="radio"/>

How often do you need support	None Less than weekly Weekly 2 times a week 3 times a week 4 times a week 5 times a week 6 times a week Once a day Twice a day Three times a day Four times a day Every 2-3 hours Every hour	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Details of your needs and what you would like to achieve		
Dressing and undressing		
Your situation - dressing	Little or no difficulty/risk (can manage alone) Significant difficulty/risk (sometimes need help) Significant difficulty/risk (always needs help) Unable to manage – needs on other to undertake Unable to manage – needs two others to undertake	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Your situation - undressing	Little or no difficulty/risk (can manage alone) Significant difficulty/risk (sometimes need help) Significant difficulty/risk (always needs help) Unable to manage – needs on other to undertake Unable to manage – needs two others to undertake	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Details of your needs		
What would you like to achieve		

Your mobility		
Your situation moving around the home	Little or no difficulty/risk (can manage alone)	<input type="radio"/>
	Significant difficulty/risk (sometimes need help)	<input type="radio"/>
	Significant difficulty/risk (always needs help)	<input type="radio"/>
	Unable to manage – needs on other to undertake	<input type="radio"/>
	Unable to manage – needs two others to undertake	<input type="radio"/>
Transfers	Little or no difficulty/risk (can manage alone)	<input type="radio"/>
	Significant difficulty/risk (sometimes need help)	<input type="radio"/>
	Significant difficulty/risk (always needs help)	<input type="radio"/>
	Unable to manage – needs on other to undertake	<input type="radio"/>
	Unable to manage – needs two others to undertake	<input type="radio"/>
To what extent does your weight impact on your mobility? e.g. if overweight or underweight/frail	No impact	<input type="radio"/>
	Minor impact (getting around takes a bit longer)	<input type="radio"/>
	Major impact (getting around takes a lot longer)	<input type="radio"/>
Is there a risk of harm to others when assisting with your mobility/transfers	Yes <input type="radio"/> No <input type="radio"/>	
Details of your needs moving around the home		
Your situation staying comfortable/repositioning	Little or no difficulty/risk (can manage alone)	<input type="radio"/>
	Significant difficulty/risk (sometimes need help)	<input type="radio"/>
	Significant difficulty/risk (always needs help)	<input type="radio"/>
	Unable to manage – needs on other to undertake	<input type="radio"/>
	Unable to manage – needs two others to undertake	<input type="radio"/>
Details of your needs staying comfortable/repositioning		

Do you require regular support for a skin condition or to prevent one developing?	No support required	<input type="radio"/>
	Support to manage risk (less than daily)	<input type="radio"/>
	Support to manage risk (daily)	<input type="radio"/>
	Support to manage risk (more than daily)	<input type="radio"/>
	Support to treat condition (less than daily)	<input type="radio"/>
	Support to treat condition (daily)	<input type="radio"/>
	Support to treat condition (more than daily)	<input type="radio"/>
	Not applicable	<input type="radio"/>
Do you have any pressure ulcers?	No current pressure ulcers	<input type="radio"/>
	Minor pressure ulcer (s) (e.g. grade 1)	<input type="radio"/>
	Significant pressure ulcer (s) (e.g. grade 2)	<input type="radio"/>
	Severe pressure ulcer (s) (e.g. grade 3or4)	<input type="radio"/>
Details of your needs managing skin condition(s)		

Social relationships and activities

Includes the eligibility outcome: Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services

The relationships that are most important to you and anything you would like to improve or change

Details of your needs maintaining relationships that are important to you	
Details of what you would like to achieve maintaining relationships that are important to you	

Are you able to access the community?	Yes, independently <input type="radio"/> Yes, if accompanied <input type="radio"/> No <input type="radio"/>
The support you need to stay safe out in the community	No safety concerns <input type="radio"/> Safety checks by phone <input type="radio"/> Supervision of one person <input type="radio"/> Supervision of two or more people <input type="radio"/>
Details of your needs staying safe in the community	
Details of what you would like to achieve staying safe in the community	
The activities that are most important to you and anything you would like to improve or change	
The support you need to maintain personal relationships and engage in social activities including leisure, cultural and spiritual activities	Able to be independent <input type="radio"/> Unable to participate <input type="radio"/> Prefer not to participate <input type="radio"/> Support to travel only <input type="radio"/> Background/group support <input type="radio"/> One to one support <input type="radio"/> Two to one support <input type="radio"/>
How often do you need support	No support required <input type="radio"/> Occassional support needed (less than weekly) <input type="radio"/> Weekly support needed with an activity <input type="radio"/> Regular support needed (e.g. 2-3 activities/week) <input type="radio"/> Daily support needed (e.g. 5 activities/week) <input type="radio"/>
Details of your needs socialising, contributing to society and what you would like to change	

Work, training, education and volunteering (based on typical week)		
Includes the eligibility outcome: accessing and engaging in work, training, education or volunteering		
Current paid employment or voluntary work situation	Employed or self employed (16 hours or more/week)	<input type="radio"/>
	Employed or self employed (5 to 15 hours/week)	<input type="radio"/>
	Employed or self employed (up to 4 hours/week)	<input type="radio"/>
	Voluntary work	<input type="radio"/>
	Not working (seeking work)	<input type="radio"/>
	Not working (not seeking work)	<input type="radio"/>
	Retired	<input type="radio"/>
Current education/training situation	Full time education/training (16 hours per week or more)	<input type="radio"/>
	Part-time education/training (15 hours per week or less)	<input type="radio"/>
	Not in education or training	<input type="radio"/>
What would you like to improve or change about your involvement in work, training, education or volunteering		
Details of your needs and what you would like to achieve		
The support you need to participate in work, training, education or volunteering	Able to be independent	<input type="radio"/>
	Unable to participate	<input type="radio"/>
	Prefer not to participate	<input type="radio"/>
	Support to travel only	<input type="radio"/>
	Background/group support	<input type="radio"/>
	One to one support	<input type="radio"/>
	Two to one support or more	<input type="radio"/>
How often do you need support	No support required	<input type="radio"/>
	Occassional support needed (less than weekly)	<input type="radio"/>
	Weekly support needed with an activity	<input type="radio"/>
	Regular support needed (e.g. 2-3 activities/week)	<input type="radio"/>
	Daily support needed (e.g. 5 activities	<input type="radio"/>

Caring for others		
Includes the eligibility outcome: carrying out any caring responsibilities for a child		
Do you have any children that are dependent on you?	Yes	<input type="radio"/> No <input type="radio"/>
If yes, do you need support with your parenting/caring responsibilities?	Yes	<input type="radio"/> No <input type="radio"/>
Details of your needs and what you would like to achieve – caring for children		
Do you have any other caring responsibilities?	Yes	<input type="radio"/> No <input type="radio"/>
Details of your needs – caring for adults		
If you are providing care or support to other adults, you should be offered a carer's assessment to discuss your caring role.		
Staying safe at home		
Includes the eligibility outcome: being able to make use of your home safely		
The support you need to stay safe at home during the day consider risk of falls and/or wandering, and responding to emergencies	No safety concerns	<input type="radio"/>
	Alarm/alert system only (i.e. telecare)	<input type="radio"/>
	Occasional visit(s) to check safety	<input type="radio"/>
	Daily visit(s) to check safety	<input type="radio"/>
	Someone else always present within the home	<input type="radio"/>
	Constant one-to-one supervision	<input type="radio"/>
	Constant two-to-one supervision (or more)	<input type="radio"/>
The support you need to stay safe at home during the night consider risk of falls and/or wandering, and responding to emergencies	No regular night support (safe alone)	<input type="radio"/>
	Alarm/alert system only (i.e. telecare)	<input type="radio"/>
	One support visit per night	<input type="radio"/>
	Two support visits per night	<input type="radio"/>
	Three support visits per night	<input type="radio"/>
	Someone else present all night (wake if needed)	<input type="radio"/>
	Someone else present all night (awake)	<input type="radio"/>
Two (or more) people present all night	<input type="radio"/>	

Details of your needs making safe use of your home	
Details of what you would like to achieve making safe use of your home	
Risks	
Current risk of falls	<div>No apparent risk <input type="radio"/></div> <div>Low apparent risk <input type="radio"/></div> <div>Significant risk <input type="radio"/></div> <div>Serious apparent risk <input type="radio"/></div> <div>Serious and imminent risk <input type="radio"/></div>
Current risk of self neglect causing deterioration to health/safety	<div>No apparent risk <input type="radio"/></div> <div>Low apparent risk <input type="radio"/></div> <div>Significant risk <input type="radio"/></div> <div>Serious apparent risk <input type="radio"/></div> <div>Serious and imminent risk <input type="radio"/></div>
Current risk of harm to self (e.g. self-injury)	<div>No apparent risk <input type="radio"/></div> <div>Low apparent risk <input type="radio"/></div> <div>Significant risk <input type="radio"/></div> <div>Serious apparent risk <input type="radio"/></div> <div>Serious and imminent risk <input type="radio"/></div>
Current risk of harm/injury to your carer	<div>No apparent risk <input type="radio"/></div> <div>Low apparent risk <input type="radio"/></div> <div>Significant risk <input type="radio"/></div> <div>Serious apparent risk <input type="radio"/></div> <div>Serious and imminent risk <input type="radio"/></div>

Current risk of harm to others/property	No apparent risk <input type="radio"/> Low apparent risk <input type="radio"/> Significant risk <input type="radio"/> Serious apparent risk <input type="radio"/> Serious and imminent risk <input type="radio"/>
Details of risks	
Your mental health and well being	
Do you or have you ever suffered from a serious mental health issue?	Yes <input type="radio"/> No <input type="radio"/>
Have you had contact with mental health services in the past year?	Yes <input type="radio"/> No <input type="radio"/>
Details	
Emotional wellbeing	No difficulties <input type="radio"/> Low/anxious one or twice a week <input type="radio"/> Low/anxious most days - impacts behaviour <input type="radio"/> Daily severe mood disturbance: wide impact <input type="radio"/> Continuous and severe difficulties: withdrawn <input type="radio"/>
Memory/orientation	No difficulties <input type="radio"/> Mild but definite forgetfulness – e.g. names <input type="radio"/> Marked forgetfulness; some disruption <input type="radio"/> Disorientated in time/place/person <input type="radio"/> Severe disorientation <input type="radio"/>
Planning and decision making	No difficulties <input type="radio"/> Some difficulty with complex decisions <input type="radio"/> Difficulty with decisions regarding activities <input type="radio"/> Severe difficulty with decisions even with support <input type="radio"/> Unable to assess/appreciate basic risks <input type="radio"/>

Details of your needs (memory/orientation, planning and decision making)	
Behaviour affecting self or others (e.g. aggression, self- harm)	<div>No difficulties <input type="radio"/></div> <div>Occasional behaviour out of the ordinary <input type="radio"/></div> <div>Behaviour of concern; no history of harm <input type="radio"/></div> <div>Behaviour of concern; history of harm to self/others <input type="radio"/></div> <div>Constant/severe concern of harm to self/others <input type="radio"/></div>
Impact of your mood or wellbeing on your acceptance of support	<div>Not a problem <input type="radio"/></div> <div>Sometimes a problem (encouragement often needed) <input type="radio"/></div> <div>Often a problem (often unable/unwilling to engage) <input type="radio"/></div> <div>Usually a problem (rarely able/willing to engage) <input type="radio"/></div> <div>Always a problem (unable/unwilling to engage) <input type="radio"/></div>
How effective is the support of others in minimising risks to you and others around you?	<div>No problem <input type="radio"/></div> <div>Fully effective (all risk is removed) <input type="radio"/></div> <div>Partially effective (some risk remains) <input type="radio"/></div> <div>Not effective <input type="radio"/></div> <div>Not applicable (no support currently in place) <input type="radio"/></div>
Health conditions and disabilities that impact your wellbeing (select up to 4 disabilities, impairments & health conditions)	<div>None known <input type="radio"/></div> <div>Acquired physical injury <input type="radio"/></div> <div>Arthritis <input type="radio"/></div> <div>Asperger's <input type="radio"/></div> <div>Autism <input type="radio"/></div> <div>Cancer <input type="radio"/></div> <div>COPD/Respiratory condition <input type="radio"/></div> <div>Dementia (inc. Alzheimer's) <input type="radio"/></div> <div>Depression/anxiety <input type="radio"/></div> <div>Epilepsy <input type="radio"/></div> <div>Head injury (inc. Acquired brain injury) <input type="radio"/></div> <div>Hearing impairment <input type="radio"/></div> <div>HIV/Aids <input type="radio"/></div> <div>Learning disability <input type="radio"/></div> <div>Motor Neurone Disease <input type="radio"/></div> <div>Parkinson's Disease <input type="radio"/></div> <div>Severe mental illness <input type="radio"/></div>

	Stroke <input type="radio"/> Substance misuse <input type="radio"/> Visual impairment <input type="radio"/> Other mental health problem <input type="radio"/> Other neurological condition <input type="radio"/> Other physical impairment/illness/injury <input type="radio"/> Other sensory impairment <input type="radio"/>
How often do your needs significantly change/vary due to your condition	On a daily basis <input type="radio"/> On a weekly basis <input type="radio"/> On a monthly basis <input type="radio"/> Less than monthly/rarely <input type="radio"/>
Details	
Details of any sensory impairment and impact	No real impact (resolved by sight/seeing aids) <input type="radio"/> Mild impact (difficulty with some activities) <input type="radio"/> Significant impact (daily living restricted) <input type="radio"/> Major impact (limited independence/isolation risk) <input type="radio"/> Severe impact (daily living extremely limited) <input type="radio"/>
Details of your needs (sensory impairment)	
Your medication and symptoms. Are you currently taking any prescribed medication?	Yes <input type="radio"/> No <input type="radio"/>
If yes, what support do you need with taking or applying medication?	None (independent/managing with equipment) <input type="radio"/> Reminders only (e.g. telephone, telecare) <input type="radio"/> Someone present to prompt/supervise <input type="radio"/> Administration by carer/care worker/nurse <input type="radio"/> Specifically trained carer/care worker/nurse <input type="radio"/>

<p>Taking/applying medication – how often do you need support?</p>	<div>None <input type="radio"/></div> <div>Less than weekly <input type="radio"/></div> <div>Weekly <input type="radio"/></div> <div>2 time a week <input type="radio"/></div> <div>3 times a week <input type="radio"/></div> <div>4 times a week <input type="radio"/></div> <div>5 times a week <input type="radio"/></div> <div>6 times a week <input type="radio"/></div> <div>Once a day <input type="radio"/></div> <div>Twice a day <input type="radio"/></div> <div>Three times a day <input type="radio"/></div> <div>Four times a day <input type="radio"/></div> <div>Every 2-3 hours <input type="radio"/></div> <div>Every hour <input type="radio"/></div>
<p>Details of your needs (medication)</p>	
<p>Does your physical condition or any medication that you are taking cause you distress or pain?</p>	<div>No significant distress/pain at present <input type="radio"/></div> <div>Mild distress/pain arising from certain activities <input type="radio"/></div> <div>Moderate/severe distress/pain (significant impact) <input type="radio"/></div>
<p>Are you getting adequate relief from pain or other distressing symptoms</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p>Details of your needs (managing distress/pain from health conditions)</p>	
<p>Do you have any difficulties with breathing?</p>	<div>No difficulties (except strenuous exercise) <input type="radio"/></div> <div>Some difficulties but no impact on daily life <input type="radio"/></div> <div>Regular difficulties that limit some activities <input type="radio"/></div> <div>Severe difficulties that limit most/all activities <input type="radio"/></div>

Do you need equipment to help you breathe?	No equipment needed <input type="radio"/> Inhaler or nebuliser only <input type="radio"/> Low level equipment (e.g. oxygen therapy/mask) <input type="radio"/> High level equipment (e.g. tracheotomy/ventilator) <input type="radio"/>
Do you have any difficulties maintaining consciousness? (e.g. due to epilepsy, seizures, blackouts)	No current or previous difficulties <input type="radio"/> History of difficulties but well managed/low risk <input type="radio"/> Occasional episodes – carer supervision needed <input type="radio"/> Occasional episodes – skilled support needed <input type="radio"/> Frequent episodes – carer supervision needed <input type="radio"/> Frequent episodes – skilled support needed <input type="radio"/>
Details of your needs (maintaining consciousness)	
Support you will receive on an ongoing basis from family/friends/volunteers	
Details of support you currently receive from family, friends or volunteers	
Will you receive ongoing support from family, friends or volunteers?	Yes <input type="radio"/> No <input type="radio"/>
Joint assessment	
I would like to complete the Joint Carer's supplement at this time	Yes <input type="radio"/> No <input type="radio"/>

Further details		
Support reason	Learning Disability Support (Primary)	
Anticipated living situation	<div>Living independently alone</div> <div>Living with family/friends (short term)</div> <div>Living with family/friends (long term)</div> <div>Living with a live-in care worker</div> <div>Living in sheltered housing or similar</div> <div>Supported living tenancy (regular staff presence)</div> <div>Supported living tenancy (24 hour staff presence)</div> <div>Living in Extracare housing</div> <div>Living in a registered residential home</div> <div>Living in a registered nursing home</div> <div>Shared Lives/adult placement</div> <div>Other - Healthcare residential facility/hospital</div> <div>Other - Ex-offender (e.g. probation hostel)</div> <div>Other - Mobile (Gypsy/Traveller/Roma)</div> <div>Other - Rough sleeper/squatting</div> <div>Other - Night shelter/hostel</div> <div>Other – Refuge</div> <div>Other - Temporary accommodation (local authority)</div> <div>Other - Prison/other criminal justice facility</div> <div>Other permanent living situation</div> <div>Other temporary living situation</div>	<div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div>
Number sharing support in anticipated living situation	<div>Not applicable (i.e. independent living setting)</div> <div>Supported living - living alone</div> <div>Supported living - 2 sharing</div> <div>Supported living - 3 sharing</div> <div>Supported living - 4 sharing</div> <div>Supported living - 5 sharing</div> <div>Supported living - 6 or more sharing</div> <div>Registered home - fewer than 5 residents</div> <div>Registered home - between 5 and 9 residents</div> <div>Registered home - more than 9 residents</div>	<div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div>
Record of completion		
Location of assessment		
Is this a supported self-assessment	<div>Yes</div> <div><input type="radio"/></div> <div>No</div> <div><input type="radio"/></div>	

Summary of your assessment and eligibility

The Local Authority has a duty to work with you and/or your representative(s) to prepare a care and support plan when all of the following statements apply:

1. Your needs arise from or are related to a physical or mental impairment or illness.
2. As a result of your needs you are unable to achieve two or more of the eligible outcomes below.

As a result of being unable to achieve these outcomes there is, or is likely to be, a significant impact on your wellbeing.

Do the adult's needs arise from or are related to physical or mental impairment or illness?

Yes ☐ No ☐

Outcomes	Eligibility Prediction	Can you do this alone within a reasonable time and without significant pain, distress, anxiety, or risk to yourself or others?	Details of your needs	Details of what you would like to achieve
Maintaining a habitable home environment		Yes <input type="radio"/> No <input type="radio"/>		
Managing and maintaining nutrition		Yes <input type="radio"/> No <input type="radio"/>		
Managing toilet needs		Yes <input type="radio"/> No <input type="radio"/>		
Maintaining personal hygiene		Yes <input type="radio"/> No <input type="radio"/>		
Being appropriately clothed		Yes <input type="radio"/> No <input type="radio"/>		
Developing and maintaining family or other personal relationships		Yes <input type="radio"/> No <input type="radio"/>		
Making use of necessary facilities or services in the local community		Yes <input type="radio"/> No <input type="radio"/>		
Accessing and engaging in work, training, education or volunteering		Yes <input type="radio"/> No <input type="radio"/>		

Being able to make use of your home safely		Yes <input type="radio"/> No <input type="radio"/>		
Overall indication of eligibility for social care support				
Eligibility is not indicated	Yes <input type="radio"/> No <input type="radio"/>			
Are there two or more areas indicated as No above?	Yes <input type="radio"/> No <input type="radio"/>			
Information and advice				
Information and advice about your current needs. Details:				
Information and advice about preventing or delaying the development of needs in the future Details:				
Does mental capacity or deprivation of liberty need further consideration?	Yes <input type="radio"/> No <input type="radio"/>			
Agreement				
I agree that this assessment may be shared as needed to support my care:	Yes <input type="radio"/> Yes, but with limitations <input type="radio"/> No <input type="radio"/> Unable to consent <input type="radio"/>			
Sources of information				
The information recorded within this assessment and scores assigned are on the basis of all available information, which has been gathered from the following sources:	Select all sources: SU <input type="radio"/> GP <input type="radio"/> Education/school <input type="radio"/> Family/carer <input type="radio"/> Social Care <input type="radio"/> Case Notes <input type="radio"/> Health professional <input type="radio"/> Other <input type="radio"/>			
I / my supporter is satisfied that I and/or (s)he was involved in this assessment as much as possible and that I / my supporter was able to express what I / s(he) felt should be taken into account	Yes <input type="radio"/> No <input type="radio"/>			
Previous Priority of Case	High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/>			

Care and Support Eligibility

Analysis and recommendations

Resource Allocation Score

RAS QA

Global Need Band

RAS QA

Global Need Band Key:

- | | |
|----------|---|
| 0 | He/she is able to manage well in all areas as there are no significant physical or mental health issues. |
| 1 | He/she needs a small amount of weekly support as there are some minor physical/mental health issues or social difficulties, but he/she can manage alone for more than one day at a time. |
| 2 | He/she needs a small amount of daily support with one or two physical tasks and/or requires regular support to avoid low mood, loneliness or harm. He/she needs checking most days or daily to stay safe. |
| 3 | He/she needs support more than once a day with a number of physical tasks and/or requires significant support to avoid low mood, loneliness or risk of harm. He/she can be left alone for extended periods but needs support more than once a day to stay safe. |
| 4 | He/she needs support with most physical tasks and/or has mental health issues or social/learning difficulties which make it difficult to manage day to day life. He/she can only be left alone for up to 2-3 hours and/or needs checking at night but doesn't need someone present all of the time. |
| 5 | He/she has difficulties in many/most areas and needs someone present all the time or nearly all the time to stay safe during the day or during the night but does not need 24 hour support. |
| 6 | He/she cannot be safely left alone during the day or at night, needing a high level of 24 hour support. He/she may need specialist care and support and/or may need the support of more than one carer. |

FACE IB	
IB disregarding LCC's reasonable offer	
Key information regarding the IB calculation	
Carrying out essential daily living tasks	
Number of hours for <i>essential daily living tasks</i> per week	
Carrying out household tasks	
Number of hours for <i>household tasks</i> per week	
Supplement for support of two carers	
Number of hours for <i>Support of Two</i> per week	
Supplement for night time support	
Number of nights and type of <i>Night time support</i>	
Staying safe & social activities / relationships	
Number of days/sessions for <i>Staying safe & social activities / relationships</i>	
Engaging in work, training, education or volunteering	
Number of days/sessions for <i>Work, training, education or volunteering</i>	
Sustaining carer's role (carer breaks allocation)	
Number of nights per year for <i>Sustaining carer's role</i>	

Continuing Health Care	
CHC DST Recommendation	
Behaviour	
Cognition	
Psychological and emotional needs	
Communication	
Mobility	
Nutrition - food and drink	
Continence	
Skin and tissue viability	
Breathing	
Drug therapies and medical symptom control	
Altered states of consciousness	
Total "A"	
Total "B"	
Total "C"	
Total "Missing"	