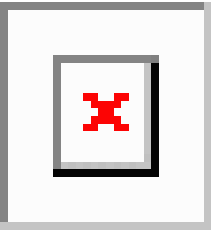


Indication of Support Needs



Personal Details

Title	Given names	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	NHS ID	LBRuT ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Sexual orientation	First language
<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons Fluency In English		
<input type="text"/>		
Ethnicity	Sub Ethnicity	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Home)	Telephone (Mobile)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	What type of accommodation is this	Do you live alone?
<input type="text"/>	<input type="text"/>	<input type="text"/>
Is someone else's permission required to make alterations to this accommodation	If yes, please give the person's name and their contact details	
<input type="text"/>	<input type="text"/>	

Primary Support Reason

Primary Support Reason	Sub-group

Referral & Consent

Date of Contact

Type of indication of Support Needs

For Service User Only - complete Sections 1 - 11 and Section 13
For Carer only - complete Sections 1, 2,12 and 13

Referral Details

How was the referral made?

Referrer Name

Relationship between referrer and person being assessed

Source of Referral

How would you like us to contact you

Phone Number

☐ preferred

Email Address

☐ preferred

Postal Address

☐ preferred

Please tell us your reason for contacting us

Consent

If this form is being completed on behalf of someone else, is it being completed with their consent?

If consent for the referral has not been given by any of the people being assessed why was consent not obtained?

Support and Involvement

Is the Person able to fully engage in and contribute to the assessment?

What support did the Person get to help them contribute fully to the assessment?

Is there a decision to be made about capacity?

Preferred method of communication for the Person

Important People

Main Carer

Is there a key person in your life who provides you with regular unpaid support to enable you to live in your current address?	
--	--

If your answer to this question is ‘No’, please proceed to the ‘Other important people’ section below
Please ensure that the person whose details are given below has given their permission for this information to be shared

Their Name	Their LBRuT ID	Their relationship with you
Their Date of Birth	Their Gender	
Their First Language	Their Fluency In English	
Their Address	Their Contact Numbers	Their E-mail Address
Their Ethnicity	Their Religion	Their Sexual orientation

Your Next of kin

Next of kin's name	Next of kin relationship	Next of kin address
Next of kin phone number	Next of kin mobile number	Next of kin email

GP

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

Your hospital consultant (if applicable) - 1

Consultant Name	Hospital / Department
<input type="text"/>	<input type="text"/>

Other important people in this person's life

Name	Role/Relationship to Person	Date of LPA	Contact Details	How they contributed	Communication method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Conditions

When assessing a client, social work staff should ask about any relevant long term (chronic) Reported Health Conditions. If the client (or carer) discloses any Reported Health Conditions that are relevant to the provision of care, the social worker should then ask if these have been formally diagnosed by a health professional. If the answer is yes, the condition should be recorded. If no (i.e. the condition hasn't been formally diagnosed by a doctor or health professional) then it should not. It should be stressed that Reported Health Conditions that have no relevance to the client's social care needs should not be recorded.

Long Term Health condition - Neurological

☐ Stroke ☐ Parkinson's Disease ☐ Acquired Brain Injury ☐ Motor Neurone Disease ☐ Multiple Sclerosis

Sensory Impairment

☐ Visually Impaired

☐ Hearing Impaired

☐ Dual Impaired

Social communication difficulties

Dementia

☐ Alzheimer's Disease

☐ Vascular dementia

☐ Dementia with Lewy bodies (DLB)

☐ Frontal lobe dementia

☐ Mixed dementia

Mental Health Condition

☐ Bi-polar disorder

☐ Schizophrenia

☐ Personality Disorder

☐ Depression

☐ Other Mental health condition

If other, please provide details

☐ None of the above

Overview of current support in place to manage health conditions

Medication

How often do you need support

How much support do you currently get

Additional Information (if required)

Specialist assessor Notes (if applicable)

How is the medication dispensed?	
Is there a dosette box in place?	
Name of Pharmacy	

Needs - Basic Personal Care

Nutrition

How often do you need support	
Do other people you live with need help	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Personal Hygiene

How often do you need support	
How much support do you need	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Toilet Needs

How often do you need support	
How much support do you need	
Do you require assistance at night	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Clothing

How often do you need support	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Needs - Home

Home Safety

How often do you need support	
How much support do you need	

Do you require assistance at night	
How much support do you currently get	
Is Careline in place for this person?	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Habitable Home

How often do you need support	
Do other people you live with need help	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Needs - Community & Relationships

Family & Personal Relationships

How often do you need support	
Do other people you live with need help	
How much support do you currently get	

Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Work, Training, Education and Volunteering

How often do you need support	
Do other people you live with need help	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Local Community Services

How often do you need support	
How much support do you need	
Do other people you live with need help	
How much support do you currently get	
Additional Information (if required)	
Specialist assessor Notes (if applicable)	

Caring for a Child

How often do you need support

Do you require assistance at night

How much support do you currently get

Additional Information
(if required)

Specialist assessor Notes
(if applicable)

Specialist Assessment

Details of specialist assessment

Specialist Assessor Name

Date visit arranged with Service User

Date of visit

Reason for delay in arranging visit

Priority of Equipment Assessment

If equipment was ordered please give the date

Initial Financial Assessment

The person is

Reason why not recorded

Would you like some help to check you are receiving all the benefits you are entitled to?

If no, please state why

Would you like to be referred to the Financial Assessment Team for help completing a Financial Assessment form?

How best describes how you manage your finances?

If yes, please enter date referred to the Financial Assessment team for financial assessment If no, please enter date financial assessment form sent to person

If you have savings over £23,250 and request the council to help you arrange your care, you will be required to pay our arrangement fee of £50.00 per week.

Would you still like the Council to arrange care on your behalf?

Information sharing and consent

In order to provide this service, personal information will be shared within the integrated team (which includes NHS staff) for 'Direct Care' purposes only. Consent is required to share information with professionals and providers outside of this team and with family members or friends.

Please note that if the Service User does not consent to share their data, this will impact on the service we are able to provide.

For more details on what we do with your personal information, please refer to our guidance.

Family / Friends

Consent given to share information regarding care and support needs?

If 'No' or 'With limitations', please state

Consent given to share information regarding financial circumstances?

If 'No' or 'With limitations', please state

Other professional staff / providers

Consent given to share information regarding care and support needs?

If 'No' or 'With limitations', please state

Ensure the Person is informed of implications of not consenting to share information.

Please state who should receive any correspondence relating to the Person's care and support needs:

☐ Person

☐ Other

Details of others receiving correspondence					
ID	Name	Relationship to Person	Given consent to discuss care needs?	Given consent to discuss financial circumstances?	Correspondence method

Has the individual given consent to be contacted to give feedback on the process?

Agreement with the contents of the assessment will be assumed if the Council is not notified of any inaccuracies within two weeks of the document being sent.

Document sent to

☐ Person

☐ Carer

☐ GP

Others, please specify

Date sent

Carer's Needs

Desired outcome for Carer

What care is the Carer currently providing?

Does the Carer believe the caring role is having an impact on their health and wellbeing or impacting on their ability to meet any of the following areas?

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including recreational facilities or services
- Engaging in recreational activities

Details

Support and Involvement

Will the Carer be able to fully engage in and contribute to the assessment?

What support will the Carer need to help them contribute to an assessment?

What is the preferred method of communication for the Carer?

Does the Carer
have a sensory in-
pairment?

For office use only

Date triage complete

What are the next steps for this individual?

Actions	Who has completed this action?	Date action taken	Comments