

Office Use -

Funder:- Cardiff LD \_\_\_ Cardiff New \_\_\_ Big Lottery \_\_\_ Vale LD \_\_\_  
Torfaen \_\_\_ Monmouthshire \_\_\_ Other \_\_\_

FT Ref- .....

Points -.....

**The Friendly Trust - Referrals form**

**Person being Referred**

Name -

Address -

Summary of initial Referral-

Tel -

Date of Birth-

National Insurance number -

**Person Making Referral**

Name -

Address -

Tel -

Email -

Relationship to Referral -

**Next of kin**

Name -

Relationship -

Address -

Tel -

**Social worker details (if different from above)**

Name -

Email -

Team & Address -

Tel -

**Any others involved ie carers/support staff/family**

1 Name -

Relationship to referral -

Address -

2 Name -

Relationship to Referral -

Address -

1 **Does the person have any disabilities or a disabling illness :**

- Learning disabilities -
- Physically disabled -
- Mental health problems -
- Other disabling illness, please specify -
- Abuse of drugs, alcohol or other substances -

2 **Financial - As far as managing their own money, does the person ...**

- have mental capacity?
- have access to their own money or benefits?
- receive funds from the Independent Living Fund (ILF)?
- receives a Direct Payment (DP) and buys own service?
- would like to use DP but needs support to do so?

3 **Living situation - Does the person live ...**

- Alone? -
- With family members? -
- In domiciliary supported housing (staffed house)? -
- In a residential or nursing Home? -
- Other – please specify -

Does the person have caring responsibilities for anybody? -

Any further information that is relevant –

Do any special precautions need to be taken before contacting or visiting the referral? (Safety reasons) –

Signed -

Date –