

REFERRAL FORM FOR LIFELINE SERVICES

Which package are you interested in receiving?

Call Monitoring Home Visiting Both packages

Applicant(s) Details

Name Date of Birth

Address

Postcode

Tel No

Ethnic Origin		
The policy of Ashfield Homes is to ensure that applicants receive equal opportunities regardless of race, colour or ethnic origin. To help us in checking this policy is effective, would you please indicate the group that you feel you belong to:		
White-British <input type="checkbox"/>	White-Irish <input type="checkbox"/>	White-Polish <input type="checkbox"/>
White-Other <input type="checkbox"/>	Chinese <input type="checkbox"/>	Asian-Pakistani <input type="checkbox"/>
Asian-Bangladeshi <input type="checkbox"/>	Asian-Indian <input type="checkbox"/>	Asian-Other <input type="checkbox"/>
Black-African <input type="checkbox"/>	Black-Caribbean <input type="checkbox"/>	Black-Other <input type="checkbox"/>
Mixed White-Asian <input type="checkbox"/>	Mixed White-Black <input type="checkbox"/>	Mixed White-Black <input type="checkbox"/>
Mixed-Other <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other (please specify) <input type="text"/>		

Do the Applicant(s) require representation? Yes No

Name of Representative:

Telephone Number:

Other Household Members

Name Date of Birth

Relationship

Name Date of Birth

Relationship

How did you become aware of our service?:

Date:

Referral Details

		Yes	No
1	Have you been admitted to hospital within past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you suffer any deteriorating physical condition(s)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you suffer from falls, or have severe mobility issues?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you suffer from a heart condition or have a history of strokes?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you suffer a visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you a wheelchair user?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are you vulnerable in terms of the area in which you live? (e.g. Do you suffer any neighbour disputes, have you experienced any burglaries or bogus callers?)	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the property have a telephone line?	<input type="checkbox"/>	<input type="checkbox"/>
10	Is there an electric power point available to use nearby?	<input type="checkbox"/>	<input type="checkbox"/>
Tenure:	ADC <input type="checkbox"/>	Private Sector <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Is the client in receipt of:	Housing Benefit <input type="checkbox"/>	Pension Credit Guarantee <input type="checkbox"/>	
	Income Support <input type="checkbox"/>	Income-based Jobseekers <input type="checkbox"/>	

Any further details

Please use the space below to record any further details which may support this application.