



COMMUNITY SUPPORT SERVICES  
*meeting individual need with quality care*

## **REFERRAL APPLICATION**

**DATE OF REFERRAL:**

**NAME OF REFERRER:**

**CONTACT NUMBER:**

**NAME OF PERSON BEING REFERRED: -**

**NAME PREFERRED TO BE KNOWN BY (if different from above): -**

**DATE OF BIRTH: -**

**ADDRESS: -**

**TELEPHONE: -**

**NEXT OF KIN / CARER: -**

**CONTACT NUMBER (If different from above): -**

**EMAIL ADDRESS: -**

**NAME AND ADDRESS OF GP: -**

**TELEPHONE NUMBER OF GP: -**

**EMERGENCY CONTACT: -**

**ETHNIC ORIGIN: -**

**DOES THE PERSON HAVE ANY RELIGIOUS OR CULTURAL NEEDS  
THAT WE SHOULD BE AWARE OF?**



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**WHAT IS THE PERSONS FIRST LANGUAGE?**

**WHAT IS THE FAMILY STRUCTURE WITHIN THE HOME?**

**PLEASE GIVE DETAILS OF THE PERSONS DISABILITY: -**

**PLEASE GIVE DETAILS OF THE PERSONS MOBILITY: -**

**DOES THE PERSON HAVE EPILEPSY? If yes, how is it managed?**

**WILL THE PERSON REQUIRE ASSISTANCE FROM THE SUPPORT WORKER WITH ADMINISTERING MEDICATION?**

**WOULD THE BEHAVIOUR OF THE PERSON PRESENT ANY CHALLENGES TO SUPPORT STAFF? If yes, in what capacity?**

**ARE THERE ANY RISK ISSUES WITHIN THE FAMILY THAT THE SUPPORT STAFF NEED TO BE AWARE OF?**

**PLEASE GIVE DETAILS OF THE SUPPORT REQUIRED AND ANY PARTICULAR/SPECIAL CARE NEEDS: -**

**ARE THERE ANY MANUAL HANDLING ISSUES?**



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**HAS A MANUAL HANDLING ASSESSMENT BEEN COMPLETED? (If so, please attach) IF NOT, IS ONE REQUIRED?**

**DOES THE PERSON REQUIRE MALE OR FEMALE SUPPORT STAFF?**

**DOES THE PERSON REQUIRE A WORKER WITH THEIR OWN TRANSPORT IF AVAILABLE?**

**WHEN DO YOU ANTICIPATE SUPPORT COMMENCING?**

**WHAT, IF ANY IS THE INVOLVEMENT OF PERSON/CARER IN PROVISION AND DIRECTION OF THE CARE?**

**DOES THE PERSON HAVE ANY PERSONAL GOALS TO BE ACHIEVED IN RESPECT OF CARE PROVISIONS?**

**PLEASE PROVIDE DETAILS OF WHO WILL BE FINANCING THIS SUPPORT AND THE ADDRESS OF WHERE THE INVOICES SHOULD BE SENT TO:**



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**PLEASE PROVIDE ANY FURTHER INFORMATION THAT WOULD BE USEFUL IN ORDER TO PROVIDE THE APPROPRIATE SUPPORT WORKER (Continue on a separate sheet of paper if necessary): -**