

REFERRAL FORM FOR STAYING PUT ASSISTANCE

CLIENT INFORMATION			
Name	Click here to enter text.	Date of birth	Click here to enter text.
Address (full)	Click here to enter text.		
Phone number	Click here to enter text.	Date of hospital discharge	Click here to enter text.
NEXT OF KIN / CONTACT INFORMATION		This should be the person that can provide access to the property, or assistance on the client's behalf.	
Name	Click here to enter text.	Relationship to client	Click here to enter text.
Phone number	Click here to enter text.	Email	Click here to enter text.
WORK REQUIRED		Please tick all that apply and provide full details in box below	
KEYSAFE <input type="checkbox"/>		FURNITURE MOVE <input type="checkbox"/>	BLITZ CLEAN <input type="checkbox"/>
		OTHER <input type="checkbox"/>	AGE UK HOME HELP <input type="checkbox"/>
Please provide details of the work required & any additional information	Click here to enter text.		
PROPERTY DETAILS		If a Housing Association or private tenant property then permission MUST be granted by the owner prior to installation of a key safe. If this has already been obtained then please advise.	
Property type	Flat <input type="checkbox"/> House <input type="checkbox"/>	Is there a communal door at property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If requesting a key safe where should this be installed?		Choose an item.	
Ownership status	Owner occupier <input type="checkbox"/> Private tenant* <input type="checkbox"/> Housing association* <input type="checkbox"/> Council tenant <input type="checkbox"/>		
*Name of landlord or housing assoc.	Click here to enter text.	Phone number	Click here to enter text.
		Email address	Click here to enter text.
REFERRER DETAILS			
Social worker / O.T. name	Click here to enter text.	Phone number	Click here to enter text.
Alternative contact	Click here to enter text.	Extension / Bleep no.	Click here to enter text.
FUNDING	Hospital discharge: This is to facilitate the client's safe discharge from hospital. The client must be about to/or have been discharged within the last 14 days. Discharge budget is a max amount of £600.		
	Staying Put: We have our own budget that can be used to help keep elderly/vulnerable people in their own homes, and/or help avoid hospital admission. Client must not be able to afford work themselves. You must provide reasoning in the box below as to why you feel Staying Put should consider funding the work. We will assess each request on an individual basis.		
	Self-funded: Clients who have the means to pay for work themselves.		
	Other: If being funded by a different source to those listed above. Please provide details in the box		
How is referral to be funded?	Hospital Discharge <input type="checkbox"/> Staying Put* <input type="checkbox"/> Self-funded <input type="checkbox"/> Other* <input type="checkbox"/>		
*If ticked other please specify what this source is, or if ticked Staying Put please give reasons for considering funding	Click here to enter text.		
<p>Please complete ALL the fields and return the form to the Staying Put team HSG-STAYINGPUT@croydon.gov.uk Please note that if forms are not completed correctly this can cause a delay and may result in the form being sent back to you for the missing/incorrect information. If you have any queries please call us 020 8760 5505.</p>			