

## Active Lives Referral Form

Please attach an up to date LAS Good Conversation Record and/or assessment/support plan of the person being referred when submitting this form. Please ensure it includes:

- What the person can do for themselves?
- What support is available from the person's family and friends?
- What support is available in the person's community?
- What type of travel support has been explored and is currently utilised by the person?

### Details of the person being referred:

Full name										
DOB										
Address										
Phone nos.						Email:				
Preferred contact	Mobile		Landline		Email		Letter		Text	
Gender										
First language and any second languages										
Ethnic origin										
Religion										
Person Identifier										
Diagnosis (Please list main disability and include other conditions that impact on self)										
Reason for referral to Active Lives including the aspirations that the person would like to achieve.										
Type of service/support the person is suggesting will support them best and why.										

**Current accommodation (please tick the relevant accommodation type):**

Residential home		Supported living	
Shared lives		Sheltered accommodation	
Family home		Independent living	

**Carer details:**

Carer name										
Relationship to person being referred										
Mobile no.		Landline no.								
Email address										
Home address (including postcode)										
Preferred contact	Mobile		Landline		Email		Letter		Text	

**Details of person completing form:**

<b>Referring staff details:</b>										
Title		First name		Last name						
Contact Tel No (s)		Ext.								
Email address										
Job title										
Please confirm you have attached a recent assessment for the person you are referring?				Yes		No (detail why)				

**Date completed:**

**Please email the completed form with accompanying documents to:**

[ActiveLivesReferrals@croydon.gov.uk](mailto:ActiveLivesReferrals@croydon.gov.uk)