

**Preferred method of contact and communication needs:**

**(e.g. Braille, interpreter required, large print, non-verbal)**



**Barking and Dagenham to Vibrance**

**Direct Payment Support Service**

**Social Worker’s Referral Form**

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| **Service User Details****all fields in this section must be completed** |
| **Name** |  |
| **LAS Reference Number** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **First Language** |  |
| **Contact Number (Landline and/or Mobile)** |  |
| **Email address** |  |
|  |
| **Representative’s Details****all fields in this section must be completed if a representative exists** |
| **Name** |  |
| **Contact Number (Landline and/or Mobile)** |  |
| **Email address** |  |
| **Relationship** |  |
| **Is this a Nominated or Authorised Person** | Yes - Nominated Person [ ] Yes - Authorised Person [ ] No [ ]  |
| **Who should be contacted?** |  |

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| **Referrer’s Details****all fields in this section must be completed** |
| **Name** |  |
| **Job Title** |  |
| **Social Care Team** |  |
| **Contact Number (Landline and/or Mobile)** |  |
| **Email address** |  |
| **Date of Referral** |  |
| **(CHAT Team Only)**Team the Case is being Transferred to(Locality / MH)*Vibrance to contact Locality/MH Team if it has been 4 + weeks since date of referral* |  |
| **Has the service user or their representative (verbally) consented to their contact details and relevant information being shared with Vibrance and being contacted in relation to this service?** | Yes [ ] No [ ] *if no, you cannot make a referral to Vibrance, please seek consent, or ask the service user to sign a waiver form* |
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| **Additional Information****all fields in this section must be completed** |
| **Access Information**(key safe, slow to door etc.) |  |
| **Pets**(cats, dogs etc.) |  |
| **Risks**(verbally abusive, violent, joint visit required etc.) |  |
| **Risk Level**(high, medium or low) | High [ ] Medium [ ] Low [ ]  |
| **Safeguarding Concerns** |  |
| **Communication Needs**(braille, interpreter required, large print, non-verbal etc.) |  |

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| **Care Information****all fields in this section must be completed** |
| **Is this a new or existing Direct Payment recipient?** | New [ ]  Existing [ ]  |
|  | **If existing,** **what was the start date** |  |
|  | **If existing,** **who is the payroll provider**(ILA, FES, Ashgrove, Vibrance or OBA) |  |
| **Is the service user’s preference agency or PA** | Agency [ ] PA [ ] Combination of both [ ]  |
| **Has an agency or PA already been identified** | Yes [ ] No [ ]  **Please provide the agency or PA’s name:** |
| **Weekly Direct Payment Amount**Please use the **DP Calculator** to calculate this for New DP recipients, *you do not need to enter any Payroll costs at this stage* | £ |
| **Has your manager authorised the DP Budget** | Yes [ ] No [ ]  *if no, please seek consent from your manager* |
| **Client Contribution**New service users should have an indicative client contribution following the VO Process, which will be added to LAS as a document by the VO | £ |
| **Singled-Handed or Double-Handed Care** | Single-Handed [ ] Double-Handed [ ] Combination of both [ ]  |
| **Total Number of Care Hours per Week** |  |
| **If the PA will be paid more than benchmark rates (£11.95), please enter the hourly rate** | £N/A [ ]  |
| **Detailed Care Information*** **For EXISTING DP Recipients:** pleaseprovide a breakdown of how their DP is being used (PA, homecare, day care, transport, payroll fees, respite etc.) & of any outcomes identified?
* **For NEW DP Recipients:** please copy and paste the **Standard – LAS Copy & Paste** sheet from the DP Calculator below:
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| **Please tick the service user’s assessed eligible needs** | Manage & maintain nutrition |[ ]
|  | Maintain personal hygiene |[ ]
|  | Manage toilet need |[ ]
|  | Being appropriately clothed |[ ]
|  | Be able to make use of their home safely |[ ]
|  | Maintain a habitable home environment |[ ]
|  | Develop/maintain family & other relationships |[ ]
|  | Access/engage in work, training, education or volunteering |[ ]
|  | Make use of community services |[ ]
|  | Carry out caring responsibilities for a child |[ ]
| **Please provide any additional information that may be useful:** |

**Please ensure this form is fully completed.**

**Please send this form via email to both the below email address:** **bdsds@vibrance.org.uk**

**DPSS@lbbd.gov.uk**

**Receipt of referrals will be acknowledged by Vibrance via email within 2 working days. If you have any questions, please contact our team on 0204 513 2233.**

**If you have any concerns regarding the completion of this form, please email** **DPSS@lbbd.gov.uk** **.**