

**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**

|  |  |
| --- | --- |
| **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?** |  |

|  |  |
| --- | --- |
| **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* |
|  | |
| **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.) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |
| **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**](mailto:bdsds@vibrance.org.uk)

[**DPSS@lbbd.gov.uk**](mailto: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**](mailto:DPSS@lbbd.gov.uk) **.**