**Lifelong Services (LLS) - Transition Team Referral Form**

**Please use this form for all young people who DO NOT have a My Plan or are being referred from external agencies / WSCC teams OTHER THAN LLS-Child Disability/Choice** (*young people who have a My Plan/are known to Child Disability/Choice Teams* *must be referred via WSCC Mosaic*).

*To help us process your referral, please ensure you complete all sections of this form as thoroughly as possible.*

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| LLS-Transition is a specialist team who work with young people with a range of disabilities and/or autism as evidenced in official health documentation or their EHCP. **Please tick this box to confirm you have attached evidence that the young person has a lifelong disability and/or autism diagnosis with this referral**.*Examples of accepted evidence include*:* *Psychologist / Psychiatrist / relevant clinical professional report*
* ***UP-TO-DATE*** *Education, Health Care Plan (EHCP)* ***(ideally with accompanying evidence of diagnosis)***

**Failure to provide appropriate evidence will result in delay of referrals being processed.** | [ ]  |

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| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Mosaic ID: (WSCC use only) |  | Date of 18th birthday: |  |
| Address: |  |
| Telephone:  | Landline:  | Mobile: |

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| --- | --- | --- | --- |
| GP name:GP Surgery Address: Tel no:  |  | Main family/carer name/s:Relationship to person:Address:Telephone:Email: |  |

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| **Consent** |  | Comments |
| Please confirm that the young person is aware of this referral and has given consent for their information to be shared with other agencies involved in their care and support for the purposes of facilitating further contact with them | [ ]  Verbal |  |
| [ ]  Written |
| [ ]  Young person unable to give their consent – representative is aware and has agreed to this referral |

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| Agencies/Professionals involved e.g. Children’s social care, CAMHS, **all** other teams |
| Worker name | Profession/Discipline | Address/Telephone/Email |
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| Current services (funded and unfunded) that the young person receives (please include ALL social care, education (inc. residential schools/colleges) and health services) | Costs per week |
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| --- | --- |
| Current education provision and address: |  |
| Academic level/s young person is working towards (e.g. Key Stage, Entry Level etc): |  |
| School/College leaving date: |  |

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| Please use this section to tell us more about the young person: |
| Please tell us **how** the young person’s lifelong disability impacts their **wellbeing**.**Note:** *The term* ***‘vulnerable’*** *will not be accepted on its own, unless the referral explicitly explains* ***how*** *the young person is vulnerable.* |  |
| * The young person’s current circumstances
* The young person’s strengths, interests and aspirations
* Any known risks (to self, others, independence)
* Any further relevant information
 |  |

|  |  |
| --- | --- |
| Name of person filling out this form: |  |
| Your relationship to young person: |  |
| Your address: |  |
| Your telephone number: |  |
| Your email address: |  |
| Date you completed this form: |  |

**Once complete, please return this form to the appropriate locality Lifelong Services Duty Desk:**

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| **Lifelong Services Adults – Northern***Mid Sussex, Crawley, Horsham and East Grinstead areas* | **Telephone** | 0330 222 8600 |
| **Address** | LLS Adults Northern Duty Desk, 3rd Floor, County Hall North, Chart Way, HORSHAM, West Sussex, RH12 1XH |
| **Email** | lifelongservicesadultsduty.northern@westsussex.gov.uk |

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| **Lifelong Services Adults – Coastal***Shoreham, Worthing and Littlehampton areas* | **Telephone** | 0330 222 7778 |
| **Address** | LLS Adults Coastal Duty Desk, Post Point 1.32, Centenary House, Durrington Lane, WORTHING, West Sussex, BN13 2QB |
| **Email** | lifelongservicesadultsduty.coastal@westsussex.gov.uk |

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| **Lifelong Services Adults – Western***Chichester, Bognor Regis and Midhurst areas* | **Telephone** | 0330 222 7888 |
| **Address** | LLS Adults Western Duty Desk, Room 41, Durban House, Durban Road, BOGNOR REGIS, West Sussex, PO12 9RE |
| **Email** | lifelongservicesadultsduty.western@westsussex.gov.uk |