|  |  |  |
| --- | --- | --- |
| Assessor’s name:       | Client’s name:       | Swift ID: |
| Date:  |
| Does this person have eligible needs for care and support? Yes [ ]  No[ ]   |
| Please provide reasons for above decision:       |
| If person does not have eligible needs, please fill in the next 2 bullet points : (do not fill this in if the person has eligible needs as the information will be captured in the care and support plan) 1. Please write information and advice or what can be done to meet or reduce the needs:      2. Please write what preventative measures might be taken to prevent or delay the development of needs in the future:       |
| Assessor’s signature:  | Agree [ ]  Disagree [ ]  Client’s signature       |
| **Or:** Signature of legal representative\*: | Date:       |
| Signatories’ comments (if any):       |

\*A legal representative is someone who:

* ****Has LPA (Personal Welfare for the purpose of this document)
* Holds a Personal Welfare deputyship
* Has been specifically authorised by order to the Court of Protection

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