

# APPLYING FOR SERVICES

Application Ref No.

Name:

Date of Birth:

Address (inc. postcode):

Telephone No:

E-mail Address:

**How did you hear about our services?**

**Who is supporting you in your enquiry / application for support (tick all that apply)?**

Family Member

Other Provider

Social Worker

Independent Service Broker

Other Adult Care Commissioners

**Family Contact Details**

Name:

Relationship:

Address:

Telephone No:

E-mail Address:

**Your Support For this Enquiry / Application:**

Name:

Relationship

Address:

Telephone No:

E-mail

**What kind of support do you need (tick all that apply)?**

Supported Living

Domiciliary / Flexible Support at home

Registered Care

Day Support

Individual Support at Home

Support to Access Employment

Other Support (please specify)

**When would you like you support / services to begin?**

**APPLYING FOR SERVICES (continued)**

Application Ref No.

<b>Are you currently receiving support / services?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Please detail all the current support / services you receive?</b> (include any specialist supports such as speech and language; physiotherapy; psychiatry; etc)		
<b>Do you have a support plan?</b> (please include it if you have one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Supporting Information</b> If you feel there are other pieces of information that would help in your enquiry / application for support. All information will be handled carefully and treated as private and confidential.  List all information you provide for us and indicate if you want it to be returned  1.  2.  3.  4.
--

<b>Do you want any help or assistance to develop a support plan?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

<b>Can we have your permission to copy this information for our records?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

<b>Completed By:</b>	<b>Signature:</b>
<b>Date:</b>	
<b>If you are completing this on someone else's behalf please give your relationship to applicant:</b>	