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|  | The Local Carers Network |

Services request form

# Referral Guidelines

1. Please ensure you fill in the form with the clients details and indicate if consent has been given for this referral to be made.
2. The referring agency agrees to pay for the services provided at a rate agreed prior to the referral being made
3. All relevant documentation will be disclosed with the clients prior consent.
4. The referring agency will be given regular reports on progress and a final report will be completed.

# Referrer details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer Name/Title: | |  | Date: |  |
| Referrer address: | |  | Department: |  |
| Email: |  | | Telephone/Ext |  |

# Client Information

|  |  |  |
| --- | --- | --- |
| Client Name: | |  |
| Email: | |  |
| Telephone: |  | |
| Reason for referral: |  | |

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| --- |
| Why do you feel our service could help your client: |
| Any other relevant information:  Is there social service involvement Yes No |

# For Office use only

Date referral received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Client contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial paperwork completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client fee agreed Yes No

Method of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_