Referral to Age Concern Luton for Services

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| --- | --- | --- | --- | --- |
| Referred By: | Name:  Relationship:  Number:  Address: | | | |
| Name of the person you are referring (RSU\*) |  | | | |
| Contact Number for RSU |  | SU Date of Birth | |  |
| Address of RSU |  | | | |
| Ethnic Origin of RSU |  | | | |
| Sexual Orientation  **(State ND if prefers not to say)** |  | | | |
| Do you have consent from the person you are referring (RSU\*) to discuss their personal information with Age Concern Luton? | | | | **YES / NO** |
| Please describe the main reason for referral |  | | | |
| Please describe the RSU’s social interaction and social support  E.g. Support network, who they live with, friends/family, religious affiliations, day centres or other community programs and social activities, etc. |  | | | |
| Please describe the RSU’s mobility  E.g. are they physically impaired, how often do they go out, who does the shopping, if they do go out where do they go? Etc. |  | | | |
| Please describe any health concerns or disabilities (Physical or mental) the RSU has  E.g. Blind, deaf, recent hospital visits, dementia, on-going health concerns etc. |  | | | |
| Does the RSU currently have, or have they been referred to, other professional services and/or carers? If so, please describe  E.g. day centres, other social groups, at home carers etc. |  | | | |
| Please describe the RSU’s communication skills  E.g. they communicate easily or with difficulty, English fluency, ability to understand others, do they like to talk or are they quite or shy etc. |  | | | |
| In your opinion, which of the following services could the RSU benefit from | Telephone Befriender | | YES / NO | |
| Face to Face Befriender | | YES / NO | |
| Lunch Club | | YES / NO | |
| Benefit Advice & Advocacy | | YES / NO | |
| Home support (shopping, cleaning) | | YES / NO | |
| Handyman Services  **SPECIFY BELOW IN ADDITIONAL COMMENTS** | | YES / NO | |
| Gardener (Operates Seasonally) | | YES / NO | |
| Key Safe | | YES / NO | |
| Additional Comments |  | | | |
| **NEXT OF KIN DETAILS:** | Name:  Relationship:  Number:  Address or Email: | | | |

**THIS FORM MUST BE DULY COMPLETED FOR A REFERRAL TO BE VALID, ACTIONED AND SENT VIA EMAIL TO THE RELEVANT TEAM**

Please be advised - Once this form has been completed, we will contact the SU you have referred via telephone to discuss best steps moving forward including details of expected waiting times. We may need to contact you for further information if required. We will need the SU’s consent to discuss with others (including yourself) how their case is being handled by Age Concern Luton moving forward. If after 3 attempts have been made to contact the SU with no response, we will notify you that services will not be provisioned. Age Concern Luton receives funding from BLCF and the NHS (For Hospital Discharge) for the Services we run in Luton as well as raising money from our Retail Store, fundraising and donations received from members of the public.

**Age Concern Luton welcomes feedback and has a complaints procedure in place**

[**www.ageconcernluton.org.uk**](http://www.ageconcernluton.org.uk) **|** [**admin@ageconcernluton.org.uk**](mailto:admin@ageconcernluton.org.uk) **| 01582 456812**