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**Community Connect Referral Form**

**Please return form when completed to**

[**communityconnect@curo-group.co.uk**](mailto:communityconnect@curo-group.co.uk)

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| **Date of Referral Received:**    **Referral recorded by:** |  | **Community Connect Officer**  **(who will deal with the case):** |
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| **Referrer’s Details:** |  | |
| Referrer’s Name: |  | |
| Referrer’s Telephone Number and / or e-mail Address: |  | |
| Referrer’s Relationship to Customer:  *(e.g. relative, neighbour, Social Worker)* |  | |
| How did you hear about our Community Connect Service?  *(e.g. leaflet in Library, GP Surgery)* |  | |

**Customer’s Details:**

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| Is the customer you are referring to us aware of this referral being made?  Yes  No  If No, please obtain consent from the customer as we will be unable to proceed with this referral |

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| Customer Name: | Address: | Telephone Number / E-mail Address (if applicable): |
| Date of Birth: | Gender: (Male/Female/Transgender): | Sexual Orientation:  *(Heterosexual, Homosexual, Bisexual, Lesbian)* |
| Marriage/Civil Partnership Status:  *(married, widowed, partnership, civil partnership, divorced, single, separated, prefer not to say)* | Religion / Belief:  *(Christian (all denominations), Buddhist, Hindu, Jewish, Muslim, Sikh, Any Other Religion)* | Ethnicity: |

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| **Carer:**  Is the customer a carer?  Yes  No  **If yes, carer to whom?** |

**Reason for calling / referral:**

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| **Isolation and Loneliness Assessment Tool** | | |
| Think about whether the customer is: | ✓ / 🗶 | If they are consider: |
| Emotionally isolated? |  | 1-2-1 contact |
| Physically isolated? |  | Groups |
| Socially isolated? |  | 1-2-1 and groups |
| Lonely? |  | Intensive support (Connect Plan) |

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| Does the customer consider themselves disabled?  Yes  No |

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| Does the customer have any mobility issues?  Yes  No  If Yes, what walking aids do they use to help mobilise inside and outside the property?  *(e.g. walking stick, frame, wheeled walker):*  Is customer a wheelchair user?  Yes  No  If Yes, is the wheelchair manual or electric? |

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| **Health Issues/Medical Conditions: (Physical and Mental Health):**  If known, please advise of any medical conditions the customer has – chronic or acute: |

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| **Dementia/Alzheimer’s**  Does the customer have a diagnosis of Dementia?  Yes  No  If no, are there any concerns over memory  Yes  No  If yes, please provide examples of behaviour that may be indicative of undiagnosed dementia: | |
|  | |
| **GP Surgery:** | **GP Surgery Tel No:** |

**Risk Assessment**

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| **Access and condition to Property** | | |
| **Questions** | **Response** | |
| What information do we need to be made aware of regarding accessing to the property? (e.g. stairs or hoarder) | **Yes** | **No** |
|  | |
| Will anyone else be at the property when I visit? | **Yes** | **No** |
|  |  |  |
| Does anyone smoke indoors at the property? | **Yes** | **No** |
|  |  |  |
| Are there pets in the household? | **Yes** | **No** |
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| **Higher risks that have been flagged**  **Could include:** alcohol or substance misuse, aggressive or violent behaviour, history of complaints from another organisation or well-being worker? | | |
| Is there anything to report, if yes please make comment below | **Yes** | **No** |
| **Free text** | | |

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| **Result of the call / referral.** |