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**Referral to Epsom and Ewell Home Improvement Agency**

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| **Date of Assessment:****Please Indicate ->** | Home Assessment / Phone Assessment |
| **Referral from:****Name****Job title****Organisation** |  |
| **Client’s Name** |  |
| **Client’s Address** |  |
| **Client’s D.O.B.**  |  |
| **Tenure details** |  |
| **Preferred Contact** |  |
| **Contact Tel. No.** |  |
| **Next of Kin (NoK) Name** |  |
| **Relationship** |  |
| **NoK Address** |  |
| **Contact Details** | Tel: Email: |
| **Means Tested Benefits** |  |
| **Disability Benefit** |  |
| **Known to Social Services** | Yes / No |
| **Consent to share** | Verbal / Written  |
| **Has person referring visited / phoned person** | Yes / No |
| **Recommendation i.e., grabrails**  |
| **Comments**  |
| **Photos attached**  | Yes / No |
| **Indication of urgency** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **House-hold Members** |

|  |  |  |
| --- | --- | --- |
| Name | Relationship | D.O.B |
|  |  |  |
|  |  |  |
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| **Pets Present****(Indicate type & number)** |  |
| **Agencies currently involved** |  |
| **Non-agency support in place** |  |

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| --- | --- |
| **Client Insight (please circle one)** | Good/Fair PoorAbsent/DelusionalDetached with assigned blame |