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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** |  |
| **Pet(s) Present** |  |
| **Agencies currently involved** |  |
| **Non-agency support in place** |  |

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| **Client Insight (please circle one)** | Good/Fair Poor  Absent/Delusional  Detached with assigned blame |

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| **Are there any known recorded risk alerts?** |  |
| **Please advise if a two-person visit is required** |  |

**PLEASE EMAIL FORM TO: HIA@epsom-ewell.gov.uk**