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| --- | --- |
| **Service-user Details**  |  |
| Title |  |
| Surname |  |
| Forename |  |
| Preferred Name |  |
| Gender |  |
| Marital Status |  |
| Disability/Health Issue |  |
| DOB |  |
| Age |  |
| NI Number |  |
| **Key Identifiers**  |
| LAS number |  |
| **Locality team**  |
|  |  |
|  |  |
|  |  |
| **Address**  |
| Primary Address  |  |
| **Contact Methods**  |
| Land Line  |  |
| Mobile |  |
| Email |  |
| **Accommodation Details**  |
| Type |  |
| Other |  |
| Floor |  |
| RISK (i.e. Dog etc) |  |
| Household Composition |  |
|  |  |

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| --- |
| **Legal** |
| Legal Representation | EPA/LPA |
| **Support** |
| Service user Group (Delete as appropriate) | Learning Disability/Autism/Older People/PD/Mental health. |
| Long-Term Support Reason |  |
| Short-Term Support Reason |  |
|  |  |
|  |  |
| **Identity** |
| Religion |  |
| Ethnicity |  |
| Nationality |  |
| Communication Requirements (BSL, TOUCH Sign etc) |  |
| Employment Status |  |
| Start Date |  |
| **Factors and Risks** |  |
| **Risks to the Service User (for example – allergies)**  |
|   |
| **Risks from the Service User** |
|  |
| **Other Risks** |
|  |
| **KCIL Referral Information** |
| Does the user receive support from a representative/DP nominee?  | YES / NO |
| What are their contact details? (A DP NOMINEE/REPRESENTATIVE CANNOT MANAGE A DP AND BE THE PAID WORKER (PA)) |  |
|
|
| **Representative’s information/DP Nominee Details (if applicable)**  |
| Name |  |
| Relationship to user:  |  |
| Address |  |
| Email contact details |  |
| Representative’s proficiency in English language |  |
| Interpreter required |  |
| Preferred language |  |
| Carers Assessment **YES/NO** |  |
| **Any Specific Training Needs/Skills Required by the PAs?****(This is to mitigate risks and ensure the Pas are trained and experienced to deliver the care and support required)** |
| E.g Moving and Handling, Medications, Personal Care, Full UK Driving Licence. (NOTE: Croydon are not liable for training/PA expenses relating to self-employed Pas) |  |
| **Client Contribution** |  |
| **Is financial assessment complete?** |  |
| **Any further info for KCIL?** |  |
| **Services Required from KCIL** |  |
| **Managed Account Yes/No** |  |
| **Self-Managed Account Yes/No** |  |
| **Payroll Yes/No** |  |
| **Assistance with recruitment Yes/No** |  |
| **Assistance with sourcing services Yes/No** |  |
| **Support with paperwork:** **(Support with DBS application paperwork, payroll application forms and employment contracts)** |  |
| **Outreach Visit****(KCIL will create an information pack to take out to new clients if a visit is required to provide additional assistance)** |  |
| **Start date of support once PA checks and recruitment are completed?** |  |
| **Other** |  |
| **Social Worker completing referral****Date** |   |
|  |

**Please email this referral to Croydon Direct Payments**

**KCIL email –** **CroydonDP@KCIL.org.uk**

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