A close-up of a purple sign

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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 |  | |
|  |  | |

|  |  |
| --- | --- |
| **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**

A blue and purple card

AI-generated content may be incorrect.**KCIL email –** [**CroydonDP@KCIL.org.uk**](mailto:CroydonDP@KCIL.org.uk)

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