



Home visit info

REFERRAL NAME:	
DOB / AGE:	
VISIT DATE:	
IN ATTENDANCE:	
CONTACT DETAILS	
HOME ADDRESS:	
LIVING SITUATION / FAMILY/ KEY PEOPLE:	
PHONE NUMBERS:	
EMAIL ADDRESSES:	
EMERGENCY CONTACT DETAILS:	
SOCIAL CARE TEAM / SOCIAL WORKER DETAILS:	



OTHER PROFESSIONALS INVOLVED WITH REFERRAL:		
SUPPORTING DOCUMENTATION SHARED? (Standard needs assessment, Strengths and needs assessment, EHCP etc)		
SUPPORT NEEDS (The multiple choice bit)		
MENTAL CAPACITY AND CONSENT:		
Which of the following applies in terms of the person being referred having capacity to complete this assessment?	They have full capacity and are able to complete this assessment without support.	
	They have capacity and are likely to be able to complete most of the assessment independently, however due to their communication needs they require a little support from parents or carers.	
	Due to their support needs they do not have capacity to complete this assessment so require an advocate	



	with LPA to complete this form and make best interest decisions on their behalf.	
	Is the advocate with LPA present and can they consent in their best interest?	
Which of the following applies in terms of decision making?	I have capacity to make all my own decisions and do not require any support.	
	I have capacity to make all my own decisions but require some support to help with my verbal / communication needs.	
	I am able to make day to day decisions around my wants and needs but due to my condition I may need best interests decisions to be made on my behalf for more complex decision making.	
	Due to my condition, capacity assessments and best interest decisions are in place for most of my day to day decisions and more complex decisions.	



	<i>If option 3 or 4 are applicable then copies of capacity assessments / best interest decisions to be requested</i>	
Which of the following applies in terms of financial independence?	I manage all my own finances independently without support and have full capacity. Including managing my bank accounts, bills, benefit income etc	
	I am able to make all my own financial decisions (including managing my bank accounts, bills etc) and have full capacity, however due to my condition / communication needs, I require some support with this.	
	I am able to look after and manage small amounts of money and my day to day purchases, however I do not have capacity to manage my bank account, pay my bills etc and require someone else to do this for me. Eg LPA, appointeeship service	



	<p>I require support with managing both small amounts (day to day purchases) and large amounts of money (bills and back accounts) and need someone else to do this for me. Capacity assessments have been completed and best interest decisions have been made on my behalf.</p>	
	<p>I have a deputyship in place to manage all my finances as it has been determined I do not have capacity to manage small amounts of money or more complex financial responsibilities such as bank accounts, bills etc</p>	
	<p><i>Supporting information to be requested in terms of best interest decisions and capacity / appointeeship / deputyships</i></p>	
<p>BACKGROUND / MEDICAL HISTORY / CARE HISTORY:</p>		
<p>Disability / Medical condition / Current care and support</p>		



Medication details / current prescription and time of day it is taken	
Is the person able to take medication independently on sessions if required?	
Any allergies?	
Previous support and education / Achievements / Challenges	



Challenging behaviour / incidents	
-----------------------------------	--

MOBILITY:

Do you have any mobility considerations that may impact the following?	Walking for more than 15 minutes	
	Getting in and out of a car	
	Going up stairs	
	Holding or gripping things	
	Uneven surfaces	

COMMUNICATION:

Which of the following applies to you:	I can communicate all my needs verbally and independently	
	I have limited verbal communication and need support to communicate some of my needs	
	I use signing or devices to help me communicate with others	
	I often get confused	



	when communicating with others	
	I have my own mobile phone	
	I am able to receive calls and texts about aebal sessions	
	My family / carers would need to be contacted on their phone about aebal sessions	

DIET AND NUTRITION:

Which of the following applies to you:	I am able to maintain a healthy weight and manage my nutritional needs independently	
	Due to my needs, I have a tendency to overeat and need some prompts and guidance to help me make healthy food and drink choices	
	Due to my needs, I have a tendency to forget to eat or drink and need prompts and reminders to do so	
	Due to my mental and physical health needs, I require intervention to prevent me from	



	<p>consuming unhealthy foods and drink and best interest decisions have been put in place to protect me from self-neglect</p>	
<p>APPEARANCE AND HYGIENE (on sessions):</p>		
<p>Which of the following applies to you:</p>	<p>I am able to manage all my personal care and appearance needs at home independently, such as showering, brushing teeth, wearing clean clothes, applying deodorant</p>	
	<p>I need some support and prompting to manage my personal care needs at home and these needs are being met</p>	
	<p>Due to my needs, I struggle to maintain personal hygiene and may need support and prompts to wash my hands after using the bathroom, for example</p>	
	<p>Due to my needs I struggle to understand the risks of germs and bacteria on surfaces and the floor, and may need some guidance and</p>	



	support with this	
STAYING SAFE IN THE COMMUNITY:		
Which of the following applies to you:	I can keep myself safe in the community	
	Due to my needs, I struggle with spatial awareness and noticing hazards around me	
	I don't understand the intentions of strangers	
	I struggle with road safety and traffic awareness	
	I feel anxious and unsafe when I am out in the community	
	I am able to travel on public transport independently	
	I like to travel on public transport but need support to do this	
INITIAL RISKS IDENTIFIED:		
Communication		
Social well-being		



Community Safety / Environmental	
Mobility	
Financial	
Diet and nutrition	
Appearance and Hygiene	

YOUR INTERESTS AND PERSONALITY!
(The fun bit)

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO JOIN SOME SESSIONS:	MON	
	TUES	
	WEDS	
	THURS	
	FRI	
	SAT	



<p>WHAT ACTIVITIES DO YOU ENJOY DOING?</p>	
<p>TELL US ABOUT SOME THINGS THAT ARE IMPORTANT TO YOU / THINGS IN YOUR LIFE THAT YOU VALUE THE MOST AND ARE MOST GRATEFUL FOR</p>	
<p>HOW WOULD YOU DESCRIBE YOUR PERSONALITY AROUND FRIENDS AND FAMILY?</p>	
<p>HOW WOULD YOU DESCRIBE YOUR PERSONALITY AROUND NEW PEOPLE?</p>	
<p>ARE THERE ANY ASPECTS OF YOUR LIFE THAT YOU CURRENTLY FIND QUITE</p>	



<p>CHALLENGING AND WOULD LIKE TO CHANGE?</p>		
<p>WHAT WOULD YOU LIKE YOUR LIFE TO BE LIKE IN 6 MONTHS TIME?</p>		
<p>Which of the following would you like to achieve with our support?</p>	<p>I would like more social outlets and to make some friends</p>	
	<p>I struggle with depression and anxiety and want to improve my mood</p>	
	<p>I would like more confidence being out in the community</p>	
	<p>I feel isolated at home and want to start being more active and independent</p>	
	<p>I want to get more physically fit and active</p>	
	<p>I want to learn some independent living skills out in the community</p>	
	<p>I would like some help to manage my sensory issues</p>	



	I want to try some new activities and learn some new things	
	I need to learn how to be safer in the community	
WEEKLY HOURS REQUESTED / FUNDING?		
FAIRER CHARGING ASSESSMENT?		
BUDGET FOR WEEKLY ACTIVITIES / SATURDAY ROADTRIPS		
ACTIVITY ROTA OPTIONS IDENTIFIED		
PROPOSED HOURS AND 6-WEEK INTRODUCTION		



EQUALITY AND DIVERSITY		
<p>There is zero tolerance for any forms of discrimination at aeal. Please let us know if you would like any of the following incorporated into your support plan and sessions:</p>	Religious / spiritual beliefs	
	Sexual orientation	
	Race / colour / Ethnicity	
	Identify as transgender	
	Identify as neurodiverse	
	Other:	

