



## Home visit details

<b>REFERRAL NAME:</b>	
<b>VISIT DATE:</b>	
<b>IN ATTENDANCE:</b>	
<b>DOB / AGE:</b>	
<b>CONTACT DETAILS</b>	
<b>Home address:</b>	
<b>Phone numbers:</b>	
<b>Email:</b>	
<b>Family / Key people / Emergency contact:</b>	
<b>Phone numbers: EMERGENCY CONTACT:</b>	
<b>Email:</b>	
<b>SOCIAL CARE TEAM DETAILS:</b>	



<b>ADDITIONAL DOCUMENTS:</b> Eg Standard needs assessment?		
<b>CARE NEEDS (The multiple choice bit)</b>		
<b>CAPACITY AND CONSENT:</b>		
<b>Does the person being referred have capacity to complete this assessment?</b>	Yes, they are able to complete this assessment and make independently	
	They are likely to be able to complete most of it but with a little support	
	No, they do not have capacity to complete this form so need an advocate with LPA	
	Is the advocate with LPA present and can they consent in their best interest?	
<b>Which of the following applies in terms of decision making?</b>	I can make all my own decisions	
	I can make day to day decisions but need support to make bigger decisions	
	People make decisions and choices for me	
<b>Which of the following applies in terms of my financial independence?</b>	I am able to manage my finances independently	
	I like to be independent with my finances but am only confident with small amounts of money	
	I struggle to manage even small amounts	



	of money and need support with this	
	I have a deputyship in place to manage my finances as it has been determined I do not have capacity	
<b>BACKGROUND / MEDICAL HISTORY / CARE HISTORY:</b>		
Disability / Medical condition		
Medication / Any allergies		
Current support / previous support / Education / Achievements / Challenges		



Challenging behaviour / incidents	
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**MOBILITY:**

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

**COMMUNICATION:**

<b>Which of the following applies to you:</b>	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	
	Other people understand me easily	
	I am easily confused	
	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	
<b>STAYING SAFE IN THE COMMUNITY:</b>		
<b>Which of the following applies to you:</b>	I can keep myself safe in the community	
	I struggle with spacial awareness and noticing hazards around me	
	I don't understand the intentions of strangers	
	I have good road safety and traffic awareness	
	I do not feel safe at all when I am in the community	
	I am able to travel on public transport independently	



**INITIAL RISKS IDENTIFIED:**

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**YOUR INTERESTS AND PERSONALITY! (The fun bit)**

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



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



<p><b>CHALLENGING AND WOULD LIKE TO CHANGE?</b></p>		
<p><b>WHAT WOULD YOU LIKE YOUR LIFE TO BE LIKE IN 6 MONTHS TIME?</b></p>		
<p><b>Which of the following would you like to achieve with our support?</b></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	
<b>WEEKLY HOURS REQUESTED / FUNDING?</b>		
<b>FAIRER CHARGING ASSESSMENT?</b>		
<b>BUDGET FOR WEEKLY ACTIVITIES / SATURDAY ROADTRIPS</b>		
<b>ACTIVITY ROTA OPTIONS IDENTIFIED</b>		
<b>PROPOSED HOURS AND 6-WEEK INTRODUCTION</b>		



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

