**Service User Details**

**Name:**

**Preferred Name:**

**Date of Birth:**

**Date of referral:**

**Service User Address:**

**Service User Current Location:**

(to determine location of assessment from KR)

**Professional Healthcare Involvement**

**Name and role:**

**Contact details:**

**Name and role:**

**Contact details:**

**Name and role:**

**Contact details:**

**Name and role:**

**Contact details:**

**Family involvement:**

**Care Package requirements**

**Outcomes to be achieved:**

(please indicate expectation within 3 months – 6 months – 12 months – 24 months onwards)

**Risk factors:**

(please go into as much detail as you’re able to)

**Structure of support required:**

(please give indicaiton of support times preferred, sleep-in, waking night, 1:1/2:1 etc)

**Resctrictions in place:**

(e.g. CTO, CoP, please give details)

**Property**

Tenancy requirement: Yes/No

If yes, please state preferred location of property and why:

**Supporting Information Enclosed**

Psychiatric Reports: Yes / No

CPA Reports: Yes / No

Risk Assessments: Yes / No

Support Plans: Yes / No

MAPPA Information: Yes / No

SOPO Information Yes / No

Court Reports Yes / No

Discharge Reports Yes / No

Section Reports Detainments Yes / No

DOLS Yes / No

SALT Assessment Yes / No

Health Action Plan Yes / No

Positive Behaviour Support Plan Yes / No

Referral completed by:

Funding authority:

Date:

**Please return completed form to Rav Sekhon (Supported Living Service Manager) via email (password protected) to** [**rav.sekhon@krvinvestcare.com**](mailto:rav.sekhon@krvinvestcare.com) **or by recorded delivery to KR Supported Living Service, 141 Marsh House Lane, Warrington, WA1 3QZ. Telephone: 01925 552780 / 07378 352173.**