

ASPIRATIONS / THE LEAVING CARE COMPANY

PERSON-CENTRED REFERRAL AND ASSESSMENT

DATE OF REFERRAL:

This referral and assessment process is made up of the following sections:

- Section 1: Personal details about the person
 - Section 2: Reasons for referral
 - Section 3: Information about family and significant others
 - Section 4: Person-centred information to support the referral - their history, what is important to the person, what matters most to the person for their future, self-esteem / confidence / resilience and ability to adapt, identity, culture and religion, independence and life-skills, communication and decision-making, enjoyment, hobbies, interests and achievements, safety and protection, education and specific educational support needs, employment, relationships and community inclusion and environment, health and well-being
 - Section 5: Medical Information
 - Section 6: Outcomes
 - Section 7: Referrers Details
- ✓ *Please complete each section in as much detail as possible to ensure the information gathered can inform the individual person centred support planning arrangements, prior to, and in preparation for support planning and review meetings*

SECTION 1: PERSONAL DETAILS ABOUT THE PERSON

Full Name:	
Date of Birth:	
Gender:	
Ethnic Origin:	
Current Address:	
Phone:	
Legal Status - Orders:	
Outstanding Court Dates - Orders:	
Additional Information:	

SECTION 2: REASONS FOR REFERRAL

Placing Authority:	
Name of worker: <ul style="list-style-type: none"> • Address • Contact numbers • Email address 	
Reason for referral: Main presenting difficulties / issues:	
The person's views on this referral:	

SECTION 3: INFORMATION ABOUT FAMILY AND SIGNIFICANT OTHERS

Please include information about family, siblings, independent visitors, advocate, mentor, workers, current care providers, friends, others.

Name:	Relationship - role in persons life:	Contact details:	Anything we need to know about permissible/non permissible contacts:

SECTION 4: PERSON-CENTRED INFORMATION TO SUPPORT THE REFERRAL

This section focuses on gaining detailed information to design and deliver support with and for the person.

PERSONS HISTORY AND SUPPORT NEEDS

<ul style="list-style-type: none"> Life history to date: 	
<ul style="list-style-type: none"> Education history: 	
<ul style="list-style-type: none"> Accommodation history: 	
<ul style="list-style-type: none"> Offending history: 	
<ul style="list-style-type: none"> Any Significant Events to date: 	
<ul style="list-style-type: none"> What support has worked well in the past for the person: 	
<ul style="list-style-type: none"> Any additional information: 	

WHAT IS IMPORTANT TO THE PERSON NOW

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

WHAT MATTERS MOST TO THE PERSON FOR THEIR FUTURE- (WHAT ARE THEY TELLING US ABOUT THEIR HOPES AND WISHES)

What the person and placing authority are saying currently about their hopes and wishes for the future?

Persons comments:

Placing authority comments:

SELF-ESTEEM / (CONFIDENCE/ RESILIENCE AND ABILITY TO ADAPT

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

IDENTITY, CULTURE, AND RELIGION

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

INDEPENDENCE AND LIFE SKILLS

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

COMMUNICATION AND DECISION-MAKING

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

ENJOYMENT, HOBBIES, INTERESTS, AND ACHIEVEMENTS

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

SAFETY AND PROTECTION

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

EDUCATION AND ANY SPECIFIC EDUCATIONAL SUPPORT NEEDS AND EMPLOYMENT

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:

Placing authority comments:

RELATIONSHIPS, COMMUNITY INCLUSION AND ENVIRONMENT

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:
Placing authority comments:

HEALTH AND WELL-BEING

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:
Placing authority comments:

FINANCES AND BENEFITS

What the person and placing authority are telling us about how they feel about this area of their life?

Persons comments:
Placing authority comments:

SECTION 5: MEDICAL INFORMATION

Persons medical history and any specific diagnosis:	
Specific on going physical / emotional/ mental health needs:	
Known allergies:	
Medication:	
Specific health professionals involved in person's life:	
Any other health information that you feel needs to be included:	

SECTION 6: OUTCOMES FOR THE PERSON

Any specific support needs/resources required to achieve outcomes:	
Any identified risks assessed in line with the individual risk assessment and management plan:	
Long-term goals and aspirations for the person:	
Desired placing authority outcomes:	
Pathways Plan in place: YES/NO	

SECTION 7: REFERRERS DETAILS

Name:	
Position:	
Organisation:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	

Accepted: **YES/NO:**

Reasons for accepting/not accepting Referral:

Date of Support/Planning Meeting:

Signature:

Designation: