

RVS Home Help. Request for Service.

Community Centre Meudon Avenue Farnborough Hants GU14 7LE. Tel/Fax 01252 370500.
homehelp@rvs.org.uk

Please print and use black ink throughout

About you

Family Name:		Telephone:	
Given Name:		Known As:	
Address:			
Postcode:		Age:	
Date of Birth:			

Preferred Emergency Contact or Next of Kin

Family Name:		Telephone:	
Given Name:		Relationship:	
Address:			
Postcode:			

General Practitioner (Doctor)

Name:		Telephone:	
Surgery:			

I consent to personal information contained in this form being entered into an electronic database. This information will only be used by Rushmoor Voluntary Services in connection with the provision of the Home Help Service.

Signed:		Date:	
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PERSON REFERRING:

Name:		Agency: &Tel No:	
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RVS Home Help provides help with essential housework, shopping and laundry. We do not provide personal care or heavy cleaning services.

What service is needed?

What illnesses does the client have?

Do they smoke? YES/NO

Benefits Received:

Pension Credit:

DLA/Attendance Allowance:

Housing Benefit

Time at this address?

	Yes	No	Not Known
Has the client recently left hospital?			
Does the client have problems with incontinence?			
Is the client dependent on a carer who themselves has a problem?			
Has the client a history of falls or a fear of falling?			
Is the client housebound?			
Is the client a carer?			
Is there anyone nearby who can help the client in an emergency?			
Does the client suffer from confusion or forget things?			
Does the client have hearing or sight loss?			
Does the client have any criminal convictions or ASBOs that could affect the safety of anyone working with them?			
Is there danger of serious physical, emotional or other harm if help is not provided?			

I have discussed this referral with the client and they are in agreement that it should proceed

Signed:

Up-dated 03/08. RVS use only:

<i>Date received:</i>	<i>Assessed by:</i>	<i>Date/Time:</i>	
<i>Home Help Name:</i>			
<i>Day/Time help provided:</i>			
<i>Start date:</i>	<i>Full pay/I.S pay</i>		
<i>First Invoice:</i>			