

RVS Home Help - Request for Service

1st Floor Civic Offices, Farnborough Road, Farnborough Hants GU14 7JU.

Tel 01252 398455.

Homehelp@rvs.org.uk



Client Details:

First Name:		Telephone:	
Family/Surname		Known As:	
Address:			
Postcode:		Email:	
Date of Birth:		Age:	

Service Required:

- Basic housework – hoovering, dusting cleaning
- Shopping
- Washing
- Bed change
- Bathroom cleaning

We cannot support with: Personal care, food preparation, medication, prescriptions, hoarding or deep cleans.

Preferred Emergency Contact or Next of Kin

First Name:		Telephone:	
Family/Surname:		Relationship:	
Address:			
Postcode:		Aware of referral Y/N	
Email:			

GP Details if known:

Name:		Telephone:	
Surgery:			

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Client name: _____

Name of referrer:		
Relationship to client if applicable:		
Professional Referral contact details:		
Client consent for referral:	Y/N	Comments:
We will need to undertake a risk assessment/health questionnaire over the phone in the first instance – will the client need support with this?	Y/N	Comments and who to contact:
How urgent is the referral? Within 3 workdays/1 week/2 weeks		Comments:
Circumstances we should be aware of before our assessment:		Comments:

Primary requirement for service:

Ill Health, long or short-term	
Mental Health Support	
Interim support	
Home from Hospital	
Social Isolation	
Carer support	
Intervention	
Any other information	

Return both pages to CSO@RVS.org.uk

Thank you.