

Scheme Member Referral Form

CL number Area

Together Co Befriending provides befrienders for with people over the age of 50, and under 50 if they have a physical/sensory disability, long term disabling health condition, or are a carer and are experiencing loneliness and isolation.

Referrals must be appropriate for VOLUNTEERS who will be visiting alone in the person's home.

If you answer YES to any of these questions, please DO NOT refer. Tel 01273 775 888 for advice.

Is the person you wish to refer:

- Known to be aggressive or violent?
- Known to have a severe memory/cognitive impairment or severe dementia?
- Living with severe anxiety or depression or experiencing suicidal thoughts?
- Unable to engage in verbal communication?
- In need of care coordination?
- Seeing a probation officer?
- In drug or alcohol recovery?
- A heavy smoker unable to leave the home?
- Living in a challenging environment and unable to leave the home?
- In need of personal or domestic care/shopping?
- Living with more than one other family member?
- Wanting to be taken out in a volunteer's car?

Personal Details:

Name:

Address:

Telephone:

Email address:

Date of Birth:

Age:

Gender

Needs interpreter: Y/N

Language spoken:

Emergency Contact Name:

Emergency Contact Number:

Relationship to person being referred:

Referrer Details:

Date of Referral:

Name of Organisation (if applicable):

Position (if applicable):

Telephone:

Email:

Has PERMISSION has been given by the person for us to contact them?

Reason for Referral

Why is this person considered to be lonely or isolated?

What support would they like from our service?

- One to one befriending?
- Group befriending?
- Telephone befriending?
- Short term befriending?
- Casserole Club befriending?

Current level of social connection and support

What contact or connection with family members?

What other social connections (including friends and neighbours)?

Interests /Hobbies or any other information we cause to match with a befriender:

If Casserole Club food preferences:

Identifies within the LGBTQ community?

Would prefer a match within the LGBTQ community?

Relevant Health History

Hearing Impairment?

Sight Impairment?

Mild Learning Disability?

Any other disability or disabling health condition?

Other details:

Mobility

Can the person walk unaided?

Does the person use a mobility aid?

Does the person use a wheelchair?

Does the person use a mobility scooter?

Other details:

Mental Health

Living with mild or moderate mental health issues?
Living with mild or moderate dementia?
Living with mild or moderate depression or anxiety?
Currently seeing a CPN?
Other details:

Risk Factors

Smoker?
Pet owner?
Who else lives in the home?
Any other risk factors?

GP surgery:

Telephone: Email:

Care Agency Name:

Telephone: Email:

Date:

Please email this form to befriending@togetherco.org.uk