

## CEREDIGION TELECARE REFERRAL FORM

Service User Full Name and title:	DOB:	WCCIS Number:	NHS Number:
Home Address:			Postcode:
Service users telephone Number:	Mobile No:	Date of referral:	
Does Service User Live Alone?      Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, who does Service User live with? Are they also the next of kin?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
What type of property does the Service User live in?    Owned Property <input type="checkbox"/>		Social landlord <input type="checkbox"/>	
Sheltered Housing <input type="checkbox"/>		Other <input type="checkbox"/>	
Referrers name and Relationship/ Self-Referral:	Agency:	Contact Number of Referrer:	
GP Practice and telephone number	District Nurse Name and Contact Number:		

### COMMUNICATION INFORMATION

Any assistance needed with communication, such as sign language or interpretation?		Any other additional challenges with communication?	
Preferred language choice for service delivery:		Preferred language choice for correspondence:	

### ELIGIBILITY

Does Service user have chronic conditions, health issues or a disability and have been assessed to be at risk?  
Yes       No

Does Service user have a difficulty summoning assistance when alone?  
Yes       No

### CHARGING

Is the Service User aware that there is a £3.90 a week (for basic Telecare) /£7.20 a week (for assistive package) charge for the service and a one-off installation fee of £47.50?      Yes       No

### BACKGROUND INFORMATION

***Important – forms will be returned if incomplete.***

**Medical History (such Heart conditions, seizure disorders, Asthma, Cancer, Stroke etc...)**

**Prescribed medication (state none if none taken)**

**Care agencies contact details and times of visits.**

**Name, contact details and relationship of at least one responder who can be at the property within an hour.** (Please note 2 responders are preferred)

Full Names, Contact number (s) and Postcode/ Distance to Property

**REASON FOR REFERRAL / DESIRED OUTCOME**

Example: to compliment care package, feel safe at home, contact emergency assistance.

**INFORMATION FOR INSTALLATION**

Is a community Alarm currently installed? Yes  No  If Yes Supplier details.

Does the service user have a landline telephone Yes  No

Does the service user have internet? Yes  No

Is there a key safe in situ? Yes  No

**SERVICE USER CONSENT**

Is the Service User able to give consent? Yes  No

If not is there a Service User representative who can advocate on their behalf Yes  No

Name and contact number of representative

Relationship to the Service User:

Does the Service User (or their representative) agree to the information in this form being shared with others as necessary? Yes  No

Service User/Representative's signature .....

Referrer's signature .....

**Please send completed referral form to:**

**Porth Gofal**

**Canolfan Rheidol, Aberystwyth**

**Ceredigion, SY23 3UE**

**Fax: 01545 574002**

**Email - [contact-socservs@ceredigion.gov.uk](mailto:contact-socservs@ceredigion.gov.uk)**

**Revised May'24**

**\*\* Please be advised Porth Gofal SIFT or the Telecare team could get in touch with you for more information.**



Cyngor Sir  
**CEREDIGION**  
County Council