**Coventry City Council Direct Payment and Money Management Support Service**

**Referral Form – Direct payment and Managed accounts only**

***Please ensure all sections are complete, as incomplete forms, will be returned. Please email completed form* to** coventry@penderelstrust.org.uk

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| **Start Up Information** |
| Referring Team? | Click & Choose |
| Date Referred to Penderels Trust? | Click enter a date. |
| Is this a new DP Customer?  | Click & Choose |
| Is this an existing DP customer, now requiring Penderels support?  | Click & Choose |
| Is this/ will this be a Managed Account? If yes, please select which type. | Choose an item. |
| Prepayment card with CCC? | Choose an item. |
| Do they require access to the Promoting Financial Independence service? (**if referring yes, please complete PFI referral form)** | Click & Choose  |
| Select type of Service required | Click & Choose |
| Do they require payroll support | Choose an item. |
| Who is the main contact? | Click & Choose |
|  |
| **DP Recipient Contact Details** |
| LA ID Number |  |
| Forenames |  |
| Surname |  |
| Address |  |
| Town |  |
| Postcode |  |
| Email address |  |
| Home Telephone | Landline:  | Mobile:  |
| Date of Birth |  |
| Gender | Click & Choose |
| Ethnicity |  |
| Religion |  |
| **Customer Representative/Authorised Person’s Contact Details**  |
| Full Name |  |
| Address |  |
| Town |  |
| Post Code |  |
| Telephone | Landline: | Mobile: |
| Email address |  |  |
| Relationship to customer |  |  |
|  |
| **Practitioner’s Details** |
| Practitioner’s Name |  |
| Contact Tel. |  |
| Email Address |  |
|  |
| **Risk Assessment** |  |
| Has any risk been identified? | Click & Choose |
| If yes, full and relevant details must be provided. |  |
| Is a joint visit required?  | Click & Choose |
| Are there children in the property?  | Click & Choose |
|  |
| **Financial & Administrative Information** |
| Has a Financial Assessment (FAB) for care contributions been completed? | Click & Choose  |
| **If yes**, date FAB was completed? | Click & enter date |
| Gross amount of weekly DP?  |  |
| Does the service user have to contribute to their package, if yes, how much? |  |
| How is the DP funded? | Choose an item. |
| Care Package start date? | Click & enter date |
| Funding start date? (if different to care package start date) | Click & enter date |
| Has the DP Agreement been issued to the customer? | Choose an item. |
| Care package breakdown? (what can the funds be used for, how many hours per week etc) |  |
|  |
| Any other comments/additional information that we should be aware of? |
|  |