**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](mailto:coventry@penderelstrust.org.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? | | | | |
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