**Guidance on how to complete the referral form for Direct Payment and managed account services**

**Start-up Information**

**Referring team** – please chose from dropdown box

**Date referred to Penderels Trust** -please select date

**Is this a new DP customer** – please select from dropdown box

**Is this an existing DP customer** – please select from dropdown box

**Prepayment card** – for any DP recipient/customer representative that will be managing the funds via prepayment card.

Please select one of the following options from dropdown box

**Already set up** – if a prepayment card is already in place

**To be set up** – if prepayment card still needs to be setup

**N/A** – please select if a managed account is required.

**Do they require access to the Promoting Financial Independence Service** – please select from dropdown box (**If yes, please ensure you complete a PFI referral form**)

**Select type of service required** – Please select one of the following options from the dropdown box.

**Low** – please select if customer is unsure if they want to have a direct payment and require further information on how a direct payment can be used and what their responsibilities will be should they choose to have a DP.

**Moderate** – please select if customer has agreed to have a DP and have either an Agency or PA in mind and either they or a representative **will** manage the funds via a **prepayment card**.

**High** – please select if customer has agreed to have a DP and requires full support to recruit a PA and/or source and Agency and either they or a representative **will** manage the funds via a **prepayment card.**

**Intensive** – please select if customer has agreed to have a DP but requires support to manage the funding via a **managed account** but **will** manage the care package **themselves** whether employing PA’s and/or using an agency**.**

**Enhanced** – please select if customer has agreed to have a DP but requires support to manage the funding and care package via **Penderels Trust Authorised Person’s managed account – AGENCY ONLY**

**DP Recipient Contact details**

Please complete – this should be the name and contact details for the person receiving the care package.

**Customer Representative/Authorised Person’s contact details**

This section should be completed if the DP recipient is being supported by family/friend who will manage the care package on their behalf.

**Practitioner details**

This should be the contact information for the person completing the form and/or allocated to the DP recipient.

**Risk Assessment**

To ensure the safety of our staff, please provide any details of any risks posed to individuals attending home visits and whether a joint visit with a social worker is required.

**Financial Assessment & Administrative Information**

**Has a financial Assessment for care contributions been completed** – please select from dropdown box

**Date FAB was completed** – please select the date the assessment was completed, if known.

**Gross weekly amount** – please state amount of funding agreed per week.

**Does the service user have to contribute to their care package** – please complete, if the customer has to financially contribute towards their care package.

**Care package start date** – please enter the date the care package has/will start from.

**Funding start date** – please enter the date funding has/will start if different from above.

**Care package breakdown** – please specify what the funding can be used for and how many hours per week etc. This information is required so that we can complete an accurate costing to ensure that the funding provided will cover all costs. Please ensure this is information is clear, especially if it is a managed account as we can only authorise payments from the account based on the information provided.

**Any other comments/additional information that we should be aware of?** – please provide any other relevant information that we should be aware when contacting individuals so that we can ensure we tailor our support to meet their needs.