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| If you have any queries about this form, or have any problems completing this form, please contact us on 01592 803280 or by email enquiries.sds@dphsfife.org.uk.  Please return your completed form to:  SDS Options (Fife)  Disabled Persons Housing Service (Fife)  West Shop, Laws Close  339 High Street  Kirkcaldy  KY1 1JN | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Referrer Information | | | | | | | | | | | | | | |
| *If you are completing this on behalf of someone, please complete this section otherwise leave it blank* | | | | | | | | | | | | | | |
| First Names | | | |  | | | | | Surname | | |  | | |
| Relationship: | | | |  | | | | |  | | | | | |
| Organisation Details *(if applicable)*: | | | | | | | |  | | | | | | |
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| Contact number: | | | | | |  | | | | | | | | |
| Email: | | | | | |  | | | | | | | | |
| Customer Information | | | | | | | | | | | | | | |
| Mr / Mrs / Miss / Ms | | | | | | | | | | | | | | |
| First Names | | |  | | | | | | Surname | | | |  | |
|  | Male | | | |  | | Female | | Date of Birth | | | | \_\_\_/\_\_\_/\_\_\_\_\_ | |
| Address | |  | | | | | | | Contact Details | | | | | |
|  | |  | | | | | | | Home |  | | | | |
|  | |  | | | | | | | Mobile |  | | | | |
|  | |  | | | | | | | Email |  | | | | |
| Postcode | |  | | | | | | | Preferred method of contact | | | | | |
|  | | | | | | | | | Phone | | Letter | | | Email |
|  | | | | | | | | | VIA Referrer | |  | | |  |

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| Questionnaire | | | | | | | |
| How can we help you?: | | | | | | | |
|  | Information on SDS | | | | | | |
|  | Help to explore the 4 Options and choose which is right for you | | | | | | |
|  | Help to explore your support needs and prepare for assessment | | | | | | |
|  | Help to contact Social Work to request an assessment | | | | | | |
|  | Other (please state) | |  | | | | |
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| Please briefly state the current support in place and any issues with it: | | | | | | | |
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| Please detail any support needs: | | | | | | | |
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| Please detail any current community, social or other service involvement: | | | | | | | |
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| Please detail any health issues which support is required for: | | | | | | | |
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| Please detail any risks to self or others to help ensure the safety of all involved:  *e.g. other household members, neighbours, environment, pets, alcohol/drug issues* | | | | | | | |
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| Customer Declaration | | | | | | |
| Please carefully read the terms and conditions and sign the form as we cannot process further without your authorising signature/s. | | | | | | |
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| **Terms and Conditions** | | | | | | |
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| * I understand that SDS Options (Fife) can help with my self-directed support assessment but we cannot guarantee that you will be eligible for support. * I understand that SDS Options (Fife) does not allocate SDS budgets and is not involved in the decision making process but we can give you information about the process and eligibility criteria. * I understand that SDS Options (Fife) will help me to learn more about self-directed support, my four options, and identify areas I need support with which will assist me with my self-directed support assessment if I choose to apply for SDS. * I can confirm that all the information that I will give will be to the best of my knowledge correct and complete and that SDS Options (Fife) will not be held liable for inaccurate information given to them. * I understand that the information I provide may be shared with Fife Council and other organisations with self-directed support services in order to help you with your self-directed support process. * I give consent to SDS Options (Fife) to obtain and share further information. * I agree to the information given to be used for compiling statistical information.   The information supplied on your referral form and the SDS Options Assessment form will be held on the SDS Options (Fife) register in compliance with the Data Protection Act (1998).  As some information is defined as “sensitive information” under the terms of the Data Protection Act (1998) we ask that you sign the declarations below to confirm whether or not you agree to your information being used in this way. | | | | | | |
|  | | | | | | |
| Applicant Signature: | |  | | | Date: |  |
| Carer/Representative Signature: | | | |  | Date: |  |
| If this form has not been signed by the applicant please give the reason why: | | | | | | |
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