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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](file:///C:\Users\ILO\Downloads\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 | | | | | | | | | | | | | | | | | | | | |
| 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 | |
|  | | | | | | | | | | | | | | | | | | | | |
| Next of Kin | | | | |  | | | | | | | | Contact No. | | |  | | | | |
| Address: (if different from above) | | | | | | | | | | | | |  | | | | | | | |
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| Advice Needed | | | | | | | | | | | | | | | | | | | | |
| What kind of advice is needed?: (Tick all that apply) | | | | | | | | | | | | | | | | | | | |
| General Advice: | | | | | | | | | | | | | | | | | | | |
|  | Information about Self-Directed Support | | | | | | | | | | | | | | | | | | |
|  | Assistance to explore the 4 different options. | | | | | | | | | | | | | | | | | | |
|  | Explore support needs and prepare for social work assessment. | | | | | | | | | | | | | | | | | | |
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| Specialised Advice: | | | | | | | | | | | | | | | | | | | |
|  | Explore Option 1 (Direct payment/employing own staff) | | | | | | | | | | | | | | | | | | |
|  | Arrange employee contracts and/or HR Advice | | | | | | | | | | | | | | | | | | |
|  | Payroll Solutions | | | | | | | | | | | | | | | | | | |
|  | Gaining skills or attending training about employment | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Current/Future Support | | | | | | | | | | | | | | | | | | | | |
| Has your SDS assessment already taken place? | | | | | | | | | | | | | | | | | | | |
|  | | | If yes, at what stage are you? | | | | | | | | | | | | | | | | |
|  | | | | | |  | | Assessment done | | | | | | | | | | | |
|  | | | | | |  | | Met eligibility criteria | | | | | | | | | | | |
|  | | | | | |  | | Budget/Hours agreed | | | | | | | | | | | |
|  | | | | | |  | | Service Level Agreement received | | | | | | | | | | | |
|  | | | | | |  | | In receipt of budget | | | | | | | | | | | |
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| If you do not currently have SDS, have you thought what option you may like to pursue? | | | | | | | | | | | | | | | | | | | |
|  | Option 1 – Direct Payment, self managed | | | | | | | | | | | | | | | | | | |
|  | Option 2 – Direct your support through a third party service | | | | | | | | | | | | | | | | | | |
|  | Option 3 – Local Authority manages support and budget | | | | | | | | | | | | | | | | | | |
|  | Option 4 – A mixture of ways to arrange care/support | | | | | | | | | | | | | | | | | | |
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| Please detail any Social Workers or Support Workers currently involved with you. | | | | | | | | | | | | | | | | | | | |
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| Volunteer Mentors | | | | | | | | | | | | | | | | | | | | |
| Would you be interested in speaking with one of our SDS mentors about their lived experiences? | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | | | | |  | No | |
|  | | | | | | | | | | | | | | | | | | | |

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| Other Information | | | | | | | |
| Use the space below to let us know of any other relevant information. | | | | | | | |
| e.g. any support currently, advice needed, | | | | | | | |
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| Referrer Information | | | | | | | |
| *If you are completing this on behalf of someone, please complete this section otherwise leave it blank* | | | | | | | |
| First Names |  | | | Surname |  | | |
| Relationship |  | | |  | | | |
| (e.g. Social Worker, Support Worker, Carer, Friend) | | | | | | | |
| Organisation Details *(if applicable)*: | | |  | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Contact number: | |  | | | | | |
| Email: | |  | | | | | |
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| OFFICE USE ONLY | | | | | | | |
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| Customer Declaration | | | | |
| Please carefully read below and sign the form as we cannot process further without your authorising signature/s. | | | | |
|  | | | | |
| All information supplied on this form will be processed with SDS Options (Fife) in accordance with the UK Data Protection Act 1998.  I understand that SDS Options (Fife) can help me to learn more about self-directed support, my four options and identify areas I need support and my support assessment, but cannot guarantee or influence any eligibility or allocate budgets.  I understand that the information provided on this form may be shared with Fife Council and any other organisations with self-directed support services in order to assist you with your self-directed support process and that we may obtain further information about yourself from these providers.  I am aware that information provided on this form may be used for compiling anonymous statistical data for our reporting.  By signing, you agree to your information being used in this way and that all information supplied on our form is true. | | | | |
|  | | | | |
| Applicant Signature: |  | | Date: |  |
| Representative Signature: | |  | Date: |  |
| If this form has not been signed by the applicant please give the reason why: | | | | |
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| External Auditing | | | | |
|  | | | | |
| I agree to the disclosure of my case file held by SDS Options (Fife) to external auditors for the purpose of quality assurance and continuous improvement of the advice service provided by SDS Options (Fife) | | | | |
|  | | | | |
| Applicant Signature: |  | | Date: |  |
| Representative Signature: | |  | Date: |  |
| If this has not been signed by the applicant please give the reason why: | | | | |
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