



OFFICE USE ONLY

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SDS Options (Fife)

If you have any queries about this form, or have any problems filling it in, please contact us on **01592 803280** or by email enquiries@dphsfife.org.uk.

Please return your completed form to:

SDS Options (Fife)
Disabled Persons Housing Service (Fife)
Caledonia House
Pentland Park, Saltire Centre
Glenrothes
KY6 2AL

About you

Please fill this in if you are the person requiring the support or on their behalf

Mr / Mrs / Miss / Ms

First Name

Surname

☐

Male

☐

Female

Date of Birth ____/____/____

Address

Contact Information

Home

Mobile

Email

Postcode

Preferred method of contact

Phone

Letter

Email

Do you want us to contact someone else on your behalf?

Name: _____

Contact no: _____

Address:

Relationship :

Social Worker Information

First Name _____ Surname _____

Office Area _____

Contact number: _____

Email: _____

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.

Specialised Advice:

- ☐ Explore Option 1 (Direct payment/employing own staff)
- ☐ Information/Support to set up my support/care staff (or personal assistant)
- ☐ Payroll Solutions
- ☐ Signposting to training

Your current support situation

Do you currently receive Funded Support?

- ☐ Social Work ☐ ILF ☐ Self Fund ☐ None

Your current support situation cont.

Has your Self Directed Support Assessment Taken Place?

- ☐ No ☐ Yes

If yes, at what stage are you?

- ☐ Assessment Done
- ☐ Met eligibility criteria
- ☐ Budget/Hours agreed
- ☐ Service Level Agreement received
- ☐ In receipt of budget

If you do not currently have SDS in place, have you thought what option you may like to pursue

- ☐ Option 1 – Direct Payment, self managed
- ☐ Option 2 – Individual Service Fund, direct your support through a 3rd party
- ☐ Option 3 – Local authority manages support and budget
- ☐ Option 4 – A mixture of the above ways to arrange care/support

If you receive support what help do you currently receive?

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Day Care | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Direct Payment | <input type="checkbox"/> Agency | <input type="checkbox"/> Other please state: |
-

Your Health

What disabilities/health conditions do you have and how do they affect you?

Other Information

How did you hear about our service?

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> SDS Leaflet | <input type="checkbox"/> DPHS Leaflet | <input type="checkbox"/> Internet/Website |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Fife Council | <input type="checkbox"/> Support Agency | <input type="checkbox"/> Other, please state; |

Please use the space below to add any other information you feel is relevant to your support needs.

Customer Declaration

Please carefully read below and sign the form as we cannot process the form without your authorising signature/s.

The information you provide on this form will be processed by our parent organisation Disabled Persons Housing Service (Fife) in accordance with the General Data Protection Act

Disabled Persons Housing Service (Fife) will use this information for the purposes of providing you with independent self-directed support information and advice, and compiling anonymous statistical data.

We may contact other agencies, such as Fife Council and support agencies to obtain and share further information where required.

In accordance with GDPR and data protection we keep your information on secure computers for 3 years after our last contact with you, it will then be destroyed. You are entitled to access any information we hold on you. If you wish us to delete your information from our system please make us aware.

We will never pass your information onto any other organisation without approval.

By signing you agree to your information being used in this way and that all information supplied on our form is true.

If the person requiring support is unable to sign due to age (under 16) or disability the parent/guardian or power of attorney should sign as the representative.

Applicant Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Equal Opportunities Monitoring Form

Disabled Persons Housing Service (Fife) is committed to promoting equal opportunities and diversity in communities. We assist people in need regardless of sex, marital status, race, disability, age, sexual orientation, language, nationality, religious or political beliefs. To ensure we do not discriminate directly or indirectly we need to keep accurate records of all applicants. Please help us by completing this form. This information is for monitoring purposes only and will not affect your application. **You do not have to provide this information if you do not want to.**

Ethnic Origin

(please tick one box only for each person)

	Self	1	2	3	4	5
(i) White						
(a) Scottish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Other British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Gypsy/traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) any other white background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Mixed or multiple ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Asian, Asian Scottish, Asian British						
(a) Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Black, Black Scottish, Black British						
(a) Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Any other black background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Other ethnic background						
(a) Arab, Arab Scottish, Arab British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) any other group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nationality

(please tick one box only for each person)

	Self	1	2	3	4	5
UK National, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Economic Area (EEA) country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UK National returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other country (please state)						

Self	_____	1	_____
2	_____	3	_____
4	_____	5	_____

Religion – What is your religion?

(please tick one box only for each person)

	Self	1	2	3	4	5
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have a religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual orientation- How would you describe the sexual orientation of each person?

Bisexual, Gay Man, Lesbian, Heterosexual (straight), Transgender, prefer not to say

Self	_____	1	_____
2	_____	3	_____
4	_____	5	_____