

ANDREW STEVENS

REFERRAL FORM – PAGE 1/4

This Referral document forms part of the Contract arrangements agreed between the placement authority and Andrew Stevens which applies in its entirety. It details the Service to be provided and must be completed prior to admission, once approval for a placement has been agreed and must be agreed and signed by both parties before a booking can be accepted.

Today's Date:

Reference:

Client Full Name:		Date of Birth:
Social Worker:	Key Worker:	Emergency Duty Team Tel:
Tel:	Tel:	Email:
Placing Authority/Organisation:	Placing Authority Address:	
Tel:	Tel:	
Placement Start Date:	Projected/Actual End Date:	

Client Status (e.g. minor etc)
National Insurance No:
Immigration status (if applicable):
Name & Address of Solicitor:
Tel :
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Client History - please supply information about the following:

1. Family

2. Past/current placements

3. Reasons for placement request

4. Health

5. Education/Employment

6. Racial and Cultural background

Please attach additional information if space provided is insufficient

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Client History - please supply information about the following:

7. Interests/Hobbies

8. Previous incidents of violence and/or damage etc

9. Criminal record/pending cases

10. Benefits/income

11. Specific requirements

12. General comments

Please attach additional information if space provided is insufficient

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Service Fee:

Standard Weekly Fee:

(Includes 2 hours support per week, where applicable, unless otherwise stated and agreed)

Additional Service:

(Includes additional support hours, night surveillance and/or 24 hour/live in)

Placement Authorisation:

Placing Authority Authorising Officer Full Name:

Authorising Officer Signature:

Date of signature:

Andrew Stevens Authorising Officer Full Name:

Authorising Officer Signature:

Date of Signature: