**Short Breaks Service – Referral form**

**Before completing this form, please read our guidance notes**

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| **Personal details** | | | | | | | | |
| **Full name:** |  | | | | **DOB:** | |  | |
| **Address:** |  | | | | **Gender:** | |  | |
| **Parent/Carer:** |  | | | | | | | |
| **Home phone number:** |  | | | | **Mobile:** | |  | |
| **Email:** |  | | | | | | | |
| **School / nursery:** |  | | | | | | | |
| **Needs and disability\*** | | | | | | | | |
| **Diagnosed disability (please specify):** |  | | | | | | | |
| **Date of diagnosis:** |  | | | | | | | |
| **Additional needs (tick all that apply):** | * ASD – Mild, Moderate, Severe (please specify in the notes section below) * Learning Disability * Global developmental delay * Hearing loss / deaf * Visual impairment * Physical disability (please specify in the notes section below) * Speech, Language, and communication needs * Social, emotional, and mental health difficulties * Complex medical needs (please provide details) * Other (please provide details below) | | | | | | | |
| Details: | | | | | | | |
| **In Receipt of DLA/PIP?: Yes or No** | | | | | | **Rate\*\*:** | **Care:** |  |
| **Mobility:** | | | | | | | |  |
| \*Please note supporting evidence is required to support your application and enable us to decide on your child’s eligibility and appropriate allocation of provision. Evidence should include copy of the DLA / PIP letter, most recent reports or letters from health, education or other professionals involved in your child’s care  \*\*For DLA: L – low; M – medium; H – high  \*\*For PIP: S – standard; E – Enhanced | | | | | | | | |
| **Does your child have an EHC plan?** | | | Yes / No  If you answered No:  **Does your child have a SEND Support plan at school / additional funding at their nursery?** Yes / No\*  If you answered Yes – please provide us with the most recent school SEND support plan or report. | | | | | |
| **Please provide details of other professionals involved in your child’s care** (i.e.: Social Worker, Family support team, Early Helps, School family support, etc) | | |  | | | | | |
| **Other members of the family** | | | | | | | | |
| **Full name** | **DOB** | **Relationship to the child** | | **Additional information i.e.: medical needs, disability, language needs etc.** | | | | |
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| **Daily care** | | | | | | | | |
| **Does your child sleep well?** | | | | | | | **Yes / No** | |
| If you answered No, please provide additional details, i.e. does your child take medication to help them sleep? Do they receive specialist support or follow a sleep programme? Please describe their sleep pattern and evening routine: | | | | | | | | |
| **Personal care – Does your child have needs relation to their personal care** | | | | | | | **Yes / No** | |
| If you answered yes, please provide more details here: | | | | | | | | |
| **Behaviours – Does you child have any specific behaviours that impact on their day-to-day activities** | | | | | | | **Yes / No** | |
| If you answered yes, please provide more details here: | | | | | | | | |
| **Current services in use – please provide us with information about any services and out of school activities your child attends i.e.: sports clubs (swimming, horse riding, football, skiing, ice skating etc.); brownies or scouts, after school clubs, play schemes etc.** | | | | | | | **Yes / No** | |
| **Services:**  1:  2:  3:  4:  5: | | | | | | | **Hours per week**  1:  2:  3:  4:  5: | |
| **Additional information – please tell us any additional information about your child and/or family i.e.: if you have friends or family supporting you and your child with caring responsibilities:** | | | | | | | | |
| **Impact – please tell us about the impact having a short break would make to:** | | | | | | | | |
| **Your child** |  | | | | | | | |
| **You / you and your partner** |  | | | | | | | |
| **Siblings** |  | | | | | | | |
| **Outcomes – please tell us what you wish your child to achieve if they were allocated specialist short breaks service, i.e.: learning new skills, becoming more independent, having access to social activities, building friendships, getting outdoor, etc.:** | | | | | | | | |

**Please check all evidence supporting your application is received:**

* DLA / PIP award
* SEND Support plan / School report (whichever applies); please do not provide us with EHC plans as we already have those on our systems,
* Professional reports (no more than 12 months old) if you feel they will support your statements.
* Professional letters to support your statements,

**Please provide us with answers to the below questions to be able to better assess your child specific needs and allocate appropriate resources:**

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| **BE EQUAL QUESTIONS** | | | | | |
| 1. **To be Fit and Healthy (Physical Health)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **To be Relaxed and Happy (Emotional Wellbeing)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **To Be Able to Travel Safely and Use Public Transport for Children over the Age of 11 (Independence Skills)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **To Be Able to Communicate Well (Communication Skills)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| **TO ACHIEVE QUESTIONS** | | | | | |
| 1. **To Join in With Activities with Other Children (from age 5+) (Social Skills)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **To Learn the Skills, I need to be as Confident and Independent as I can be. (Applicable to children over 5 years) (Independence Skills)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| **C.** **To have a Circle of Friends (Social Skills)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| **STAY SAFE QUESTIONS** | | | | | |
| 1. **To Be Safe At Home With Immediate Family** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **To Be Safe In their Community**   **(Please note that in this question the lots or Exceptional support levels can only be scored if there is a current constant threat from or to the child).** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| **FAMILY SECTION** | | | | | |
| 1. **Family Life is Good and There is Time for Everyone in the Family to enjoy life and pursue the things that matter to them. (Emotional Wellbeing)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **Parent/Carers get a good night’s sleep. (Physical and Emotional Wellbeing)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| 1. **Parents/ Carers get the Support they need from friends, neighbours and extended family which regularly provides them with Short Breaks / respite (Emotional Wellbeing)** | | | | | |
| **On a scale of 0 – 5 (with 0 being the lowest and 5 being the highest) please score your child and provide a summary of evidence to support your score.** | | | | **Score:** |  |
| **Please provide a summary of evidence to support your score:** | | | | | |
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| **FOR OFFICE USE ONLY**  **This section will be completed by Short Breaks service** | | | | | |
| **BE EQUAL** | | | | | |
| **A.** | **B.** | **C.** | **D.** | **Total Score** | |
|  |  |  |  |  | |
| **ACHIEVING** | | | | | |
| **A.** | **B.** | **C.** | **N/A** | **Total Score** | |
|  |  |  |  |  | |
| **SAFE** | | | | | |
| **A.** | **B.** | **N/A** | **N/A** | **Total Score** | |
|  |  |  |  |  | |
| **FAMILY** | | | | | |
| **A.** | **B.** | **C.** | **N/A** | **Total Score** | |
|  |  |  |  |  | |
| **Final Score:** | | | |  | |

Thank you for completing the form. Your application together with supporting evidence will be processed by our Short Breaks service within 10 working days and you will be informed in writing about our decision and your rights to request a review, should you be unhappy with proposed allocation.