

RESIDENTIAL CARE REFERRAL FORM
STRICTLY PRIVATE AND CONFIDENTIAL
(Please Complete All Sections)

NAME OF PREFERRED RESIDENTIAL CARE HOME
(If known) (Please tick)

Charles Davies House

Ludford Road

Sycamore Lodge

AREA OF CITY PREFERRED: _____

For more information about our five residential care homes, please visit
www.birminghammind.org

General Information		Does applicant have a CPA: Y/N	Is there a current risk assessment: Y/N
Preferred title: Miss, Ms, Mr, Mrs etc _____			
Full Name:		GP Name: Dr	
Known as:		GP Address:	
Current Address:		Tel No:	
Tel No:		Consultant: Tel No:	
Age:	DOB:	CPN: Tel No:	
Nat Ins No:		Social Worker: Tel No:	
Religion: Gender: Speaks/understands English: If not, what is your first language?		Statutory Key worker: Address: Tel No:	
Nearest relative: Address: Tel No:		Who has responsibility for funding and benefits?	
Please provide contact details of significant others involved in support			

Ethnic Origin

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background. These are based on the 2001 Census with additional categories included.

A) White

- British
- Albanian
- Bosnian
- Irish
- Kosovan
- Romanian

Other White background please write below:

B) Mixed

- White and Black – Caribbean
- White and Asian
- White and Black – African
- Asian and Black

Any other Mixed background please write in below:

C) Asian or Asian British

- Bangladeshi
- Indian
- Kashmiri
- Pakistani

Any other Asian background please write in below:

D) Black or Black British

- African
- Caribbean

Other Black background please write in below:

E) Chinese or other Ethnic Groups

- Chinese
- Arab
- Afghan
- Kurdish
- Vietnamese

Other ethnic background please write in below:

SECTION 2

TO BE COMPLETED BY THE SERVICE USER:

1. Briefly describe the sort of life you would like to achieve and the ambitions and goals you have for the future.

2. What sort of support would you want from Birmingham Mind to enable you to work towards these goals?

3. How would you describe your life at present under the following headings?

Are you satisfied with these areas?

Accommodation	Yes / No
What you do during the day	Yes / No
Friendships	Yes / No
Family	Yes / No
Support from mental health services	Yes / No

4. Are there any past/present risks that Birmingham Mind should know about

Aggression or Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon you by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance Use	Yes / No
Suicide	Yes / No

5. Please indicate why you are making this application. For example do you see this as a positive move for you personally at this time in your life, or is it a suggestion of the statutory worker?

6. How would you describe your mental health and emotional state at this time in your life?

7. What medication are you currently taking?

Do you think it helps?

Does it cause you any other problems?

Have you ever stopped taking your medication? If yes, how does this affect you?

8. What other things help you to cope with your current difficulties or problems?

9. What do you think has been the cause of your current difficulties?

10. What services have you received in the past?

11. Are you willing to be placed on our waiting list if a placement is not currently available?

Signature: _____

Date: _____

SECTION 3

TO BE COMPLETED BY THE STATUTORY KEYWORKER OR OTHER HEALTH CARE PROFESSIONAL INVOLVED WITH THE SUPPORT OF THE APPLICANT.

1. Reason for referral. (Please indicate the reasoning for the chosen service)

2. Brief personal history

3. Significant psychiatric history (Include details of any hospital admissions).

4. Details of current medication.

Name	Dosage	Frequency

5. Current physical health issues.

6. What is your current involvement in support arrangements for the individual?

7. What is your assessment of the person's needs?

8. What will your involvement be in future support arrangements?

9. Are there any past/present risks that Birmingham Mind should know about

Aggression & Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon the person by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance use	Yes / No
Suicide	Yes / No

If Yes to above, please provide further details

10. Are there any warning signs that usually precede risk issues / triggers?

11. Is the person currently subject to a section of the Mental Health Act? Y / N

If yes please indicate which Section. _____

Will the person be subject to a Section of the Mental Health Act during their placement? Y / N
If yes please indicate which section of the Mental Health Act _____

Is the person subject to Section 117? Y / N

Is the person subject to, or intending to be subject to a Community Treatment Order
Y/N? If yes please provide details _____

12. Has funding for the placement been applied for? Y / N (Residential Care referrals only)

Status of funding: Pending / Approved

Name of budget holder: _____

Does the person have control of his/her finances? Y / N

If no please specify:

If the person requires an appointee has this been arranged? Y / N

13. How many hours of support has the individual been assessed as needing?
(Residential and floating support only)

_____ hours per week.

14. Have the following reports been attached?

Medical report Y / N

Social Workers Report Y / N

Current CPA Y / N

These reports are required for all residential related services.

Full Name of Referrer:
(Please complete capital letters)

Relationship to the Applicant:

Signature: _____ Date: _____

AFTER COMPLETION PLEASE
RETURN TO:
The Director
Birmingham Mind
17 Graham Street
Hockley
Birmingham B1 3JR

Information required to accompany the Referral Form

	Referral Form	CPA/ Risk Assessment	Social worker report	Medical report	Support letter from Health Care Worker
Residential Care Home	✓	✓	✓	✓	X

OFFICE USE ONLY.

Received: _____

Assessment date: _____

Status: Offered Not Offered Waiting List

Confirmation letter sent:

Appeals Process

We are sorry that we have not been able to offer you a service. If you disagree with this decision, or the reasons the decision was made, specified in your letter, then you have the right to appeal.

You may appeal either in writing or verbally to the relevant Residential Manager within two months of the decision.

Process of Appeals

1. The Residential Manager will arrange a meeting with the applicant and/or referrer, to discuss the circumstances and if appropriate reassess the applicant. This will happen within 2 weeks of receiving the appeal. The person appealing has the right to be accompanied by a person of their choosing.
2. A decision shall be communicated to the applicant within 7 days by writing.
3. If the applicant and/or referrer are still not satisfied with the decision they may appeal, in writing, to a Director, at Head Office.
4. The Director will arrange a meeting with the applicant and the Residential Manager within 2 weeks, to discuss the reasons why the initial appeal was unsuccessful.

Contact Details

Residential Operations Manager
Birmingham Mind
17 Graham Street
Hockley
Birmingham
B1 3JR
0121 608 8001

The Director of Operations
Birmingham Mind
17 Graham Street
Hockley
Birmingham
B1 3JR
0121 608 8001

Residential Care: Eligibility criteria and fair access to the service

Birmingham Mind's Residential Care homes are owned by Midland Heart and managed by Birmingham Mind. Care and support is individually based and recovery focused. All service users are encouraged to be actively involved in designing and reviewing their care/support package. Further details of the homes and any additional criteria can be found in the individual service leaflets and Statement of Purpose.

ELIGIBILITY CRITERIA - GENERAL

Each service user:

- Must be resident in Birmingham or have strong links to Birmingham
- Must have some form of mental illness/mental health difficulty
- Must be over 18 and will usually be under 65
- Must be willing to engage with the service and with the support offered
- Must be assessed as needing a residential care placement.

EXCLUSION CRITERIA

An individual may be refused a service if:

The type or degree of required intervention is assessed as being incompatible with the funding criteria, skills or capacity of the service.

Due to insurance if the person has a conviction or history of arson it is unlikely we will be able to offer them a place. It is recommended that an initial enquiry to the Director be made before a full referral.

A history of violence, self harm, alcohol or drug use will be assessed on an individual basis and no blanket exclusions apply.

FUNDING

If the placement costs are to be met by the Local Authority, Birmingham Mind will require proof of payment before the person moves in.

Self-funders are welcome to apply.

Updated: January 2018