



## Referral Form - Essex Direct Payment Support Service

Referral Date	
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### Service required

Employer Advice, Guidance & Employment Support		Support Planning	
Payment Services (Account Management)		Payment Services (Payroll Weekly)	
Payment Services (Payroll Monthly/4-Weekly)		Payment Services (Process Only)	
Payment Services (Bought Ledger)			

### Customer Details

Client Reference Number	
Name	
Title	
Address	
Postcode	
Telephone number	
Mobile number	
Email address	
Date of birth	

Is the support plan attached?	Yes	No
Is the profile of how the money will be spent (inc contingency money) attached?	Yes	No

Please note a lack of support plan may cause a delay in us proceeding with this referral.

Is the Direct Payment agreement signed?	Yes	No
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## Communication Needs

<p>Are there any communication needs that should be taken into account in the delivery of the support service/s?</p> <p>What are the preferred communications methods? E.g. email</p>	
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## Customer Group

CWD	LDP	Private Client	OP	OPMH	MH	Young Adults	PD	Sensory Team

## Ethnic Group

Asian or Asian British – Bangladeshi		Mixed – White & Asian	
Asian or Asian British – Chinese		Mixed – White & Black African	
Asian or Asian British – Indian		Mixed – White & Black Caribbean	
Asian or Asian British – Pakistani		Mixed – Other	
Asian or Asian British – Other		White – British	
Black or Black British – African		White – Irish	
Black or Black British – Caribbean		White – Other	
Black or Black British – Other			

## Capacity and Customer Representative

Has a mental capacity assessment been completed?	Yes	No
If the customer does not have capacity who will be accountable for the Direct Payment, including approving any timesheets and payments if applicable?		
Customer Representative		
Relationship		
Title		
Address		
Postcode		
Telephone number		
Mobile number		
Email address		

## Further Information

Please provide or attach all relevant and additional information for the service being requested. For Support Planning, this should include: A copy of the Individual's assessment or review, or relevant sections of the assessment or review where it is not appropriate to provide the full document and details of any determination of the Individual's eligibility for support.

## Lone Working (if home visit required)

Is the visit suitable for a lone-worker?	
Does the visit need to be held with the social worker?	
What are the risks?	

## About the Direct Payment (DP)

Agreed

Direct Payment start date		
Direct Payment end date (if for a fixed term)		
Approved hours of support allocated		
Indicative budget	£	
Is there a fixed rate for agency staff?	£	
Client Contribution per week (if known)	£	
Initial set-up costs included?	£	
Details of any required payments that are already known		
Is this DP being transferred from another account?	Yes	No
If so, has this been monitored by Essex or managed by another provider? Please provide details.		

**Outcomes (for Information, Advice, Guidance & Employment Support and Support Planning referrals only)**

Details of any outcomes to be achieved through accessing the service?	
Are there any identified outcomes for the individual to achieve via their support plan?	
Details of the results of any Good Lives conversations or any other solutions that are already in place for the Individual to achieve their outcomes	

**Referred by**

Social worker name	
Team and locality	
Telephone number	
Mobile number	
Email address	

**Making your referral**

Please complete this form and return it via email to [essex@wearepurple.org.uk](mailto:essex@wearepurple.org.uk)  
If you have questions, please also email the address above or call 01245 392300.

**Please note we are unable to book an initial visit until we have received all information relevant to this customer.**