

Barnet's Independent Living Service Referral Form

The Resource Centre, Grahame Park, London NW9 5UX

Tel: 020 8359 3750 Fax: 020 8205 8604

Email: independentlivingservice@barnet.gov.uk

Name:	Date of referral:
Address:	Person making referral if not self-referral:
Postcode:	Name:
Applicant's preferred method of contact:	Address:
Nature of Impairment and impact on life:	Phone number:
	SWIFT number:
	FACS eligible YES <input type="checkbox"/> / NO <input type="checkbox"/> <i>(If yes please attach FACE overview assessment)</i>
Please indicate the support required from Barnet's Independent Living Service	
<input type="checkbox"/> Independent Living Skills <input type="checkbox"/> Rehabilitation Physiotherapy <input type="checkbox"/> Rehabilitation Speech and Language <input type="checkbox"/> Specialist IT Training <input type="checkbox"/> Accessing public transport <input type="checkbox"/> Access to leisure and community activities <input type="checkbox"/> Skills Assessments (OT <input type="checkbox"/> Vocational <input type="checkbox"/> <input type="checkbox"/> Employment/Volunteering Advice <input type="checkbox"/> Returning to work support <input type="checkbox"/> Remaining in work support <input type="checkbox"/> Access to college/Retraining for work	<input type="checkbox"/> Telecare Assessment / Advice <input type="checkbox"/> Health Information / Access <input type="checkbox"/> Direct Payments <input type="checkbox"/> Wheelchair Clinic <input type="checkbox"/> Hearing Loss Clinic <input type="checkbox"/> Housing Advice <input type="checkbox"/> Health Promotion Services <input type="checkbox"/> PA support
	User led activities provided through BDISC- Barnet Disability and Independence Steering Committee <input type="checkbox"/> Friendship group <input type="checkbox"/> Yoga group <input type="checkbox"/> Training the Trainer-Disability Awareness <input type="checkbox"/> Internet café <input type="checkbox"/> Creative Art Group
Personal support requirements: (e.g. Personal care/Electric Wheelchair / Hoist / BSL Interpreter)	

Desired Outcomes from Referral:

An outcome of a service for an individual can be described as:
“the impact or effect on the person concerned as a result of help received”

1.

2.

3.

Details of other funded support currently receiving:

- DLA Care Component Low/Medium/High
- DLA Mobility Component Medium/High
- Direct payments
- Personalised budget
- One to One Personal Assistance
- Other please specify.....

Method of transport required:

Supported Unsupported

- Own vehicle
- Specialist transport
- Public Transport
- Dial-a-ride
- Taxi
- Other please specify.....

Details of previous and current support services used:

Applicants signature: **Date:**

Signature of referrer(if different):**Date:**