



# RespiteBreaks

Your Home from Home

## Enquiry Form

<b>Date</b>		<b>Respite Breaks Ref. Code</b>	
<b>Name</b>			
<b>Preferred name</b>			
<b>Age</b>			
<b>Address</b>			
<b>Telephone</b>			
<b>Diagnosis</b>			
<b>Level of mobility</b>			
<b>Professionals involved</b>			
<b>Enquiry made by whom (tick)</b>	Self-referral	Family	Professional
<b>Name and contact detail if different from above</b>			
<b>Currently funded by</b>			
<b>Current Level of Support required (tick)</b>	Indoor In the community	1:1 1:1	2:1 2:1 higher higher
<b>Involvement screen</b>			
<b>Is the individual</b>	Aware of and consented to you calling today	YES / NO / NA	
	Happy to consent to the sharing of information?	YES / NO / NA	
	Able to be involved in the process?	YES / NO / NA	
	Designated to lack capacity?	YES / NO / NA	
	In need to receive support to access information?	YES / NO / NA	
<b>Reason for admission</b>			
<b>Level of priority</b>	<b>1. HIGH</b> 0-3 months As soon as possible	<b>2. MEDIUM</b> within 3-6 months	<b>3. LOW</b> When available



# RespiteBreaks

Your Home from Home

Any specific dates enquired about			
			Introductory Information sent (date)
Any additional information			
Date of enquiry:		Enquiry form completed by:	
<b>Based on initial information gathered at the enquiry stage:</b>			
Can respite Breaks meet their needs?		YES	NO
Is the funding likely to be agreed?		YES	NO
<i>If YES to both, discuss suitable arrangements and dates for assessment</i>			
Internal Office use only			
Pre-assessment Completed (date and by)			Able to meet needs YES/NO
Date	Document further Action, communication, correspondence, meetings etc. prior admission		