

PEER MENTOR - PERSONAL BUDGET REFERRAL FORM

Please send this form to Barrie Bookkeeping & Payroll Solutions

PLEASE NOTE: Please include support plan.

Name:		Tel No.:	
Address:		Mobile No.:	
		E-mail address:	
Gender:		Ethnicity:	
		D.O.B.:	
		NI Number:	
Client Group (please specify): Learning Disabilities/Mental Health/Older People/Sensory & Physical Disabilities			
Preferred Language:		Interpreter Needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Referred by:		Referral Date:	
Referrer's Team:		Team/Duty tel no:	
Referrer's telephone no.:		Referrer's fax no.:	
Referrer's E-mail address:		Start date:	
Is joint visit between BB and Social Worker required?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Additional Information (please include details of physical access to client's premises, any risk factors we should be aware of and client's estimated level of knowledge of DP):			
Assessed Personal Contributions (weekly amount) - £			
Start date –			
Number of hours –			
Rate per hour -			
SUPPORT REQUIRED AT POINT OF REFERRAL (please tick):			
Pay as you Go (Hourly rate) - hours:	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Payroll only	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Managed Account Only	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Managed Account and Payroll	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Is the Service User currently receiving a Direct Payment?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Has the Service User already completed the Personal Budget process and been allocated their yearly budget?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Has the Service User received the first payment into the allocated Personal Budget Account?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Service User has given consent for information to be shared with BBPS:			YES <input type="checkbox"/>
Referring Social Worker/support planner		Date:	
Signature:	Name:		