

**Self referral form to BFVA for Domestic Support Service**

**Date Referred:**

<b>Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Main telephone Number:</b>	
<b>Emergency Contact Name and Number:</b>	

<b>Ethnic Origin:</b>	White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Irish Traveller <input type="checkbox"/> White Other <input type="checkbox"/> Mixed White & Black Caribbean <input type="checkbox"/> Mixed White & Black Asian <input type="checkbox"/> Mixed White & Asian <input type="checkbox"/> Mixed Other <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/>	Asian Bangladeshi <input type="checkbox"/> Asian Other <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Refused <input type="checkbox"/>
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<b>Sex:</b>		<b>Carer?</b>	<b>Yes / No</b>
<b>Date of Birth:</b>			
<b>Swift Number:</b>		<b>Accommodation Type:</b>	
		<b>People in Household:</b>	

<b>Main Disability:</b>	Physical Disability- Frail or temporary <input type="checkbox"/> Physical Disability- Visual Impairment <input type="checkbox"/> Physical Disability- Hearing Impairment <input type="checkbox"/> Physical Disability- Dual Sensory Loss <input type="checkbox"/> Mental Health- Dementia <input type="checkbox"/> Mental Health- Other <input type="checkbox"/> Learning Disability <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vulnerable People <input type="checkbox"/>
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**BFVA Details**

**On Charity Log Yes/No**

**Spreadsheet Yes/No**

**Stats Yes/No**

**Any other information:**

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**Services assessed as needing:**

<b>Service:</b>	<b>Pension Collection: Yes / No</b>	<b>Shopping: Yes / No</b>	<b>Laundry: Yes / No</b>	<b>Housework: Yes / No</b>
<b>Number of hours allocated:</b>				

**Direct Payments: Yes / No**

**Self Funded: Yes / No**

**Please email the completed form to [domsupport@bfva](mailto:domsupport@bfva) or fax to 01344 411878  
Diane Benford Domestic Support Coordinator 01344 383516**