Lifeline and Telecare Referral Form

Date of referral received	Office use only

Section 1: Referral Details – please complete if you are referring on someone's behalf		
Name of the person completing the referral		
Relationship/Organisation		
Contact Number		
Email address		
Date referral completed		
Does the person consent to you making this referral on their behalf?	Yes ☐ No ☐	Please provide details of the person providing consent

Section 2: Your property		
Is the electric socket located on the same wall as the phone socket? Electric socket  Phone socket 		Yes ☐ No ☐
Are they easily accessible? If no, please ensure any obstructing furniture is moved before installation		Yes ☐ No ☐
Is the phone socket no more than 2 meters away from the electric socket		Yes ☐ No ☐
Who owns your property? Privately owned ☐ Council ☐ Housing association ☐ Private landlord ☐		

Section 3: Referral	
Does this referral relate to a lifeline application only? If yes continue to complete section 4	Yes ☐ No ☐

Section 4: Telecare referral	
Does this referral relate to telecare only? If yes continue to complete section 6	Yes ☐ No ☐
Is there a lifeline installed? If no, a lifeline needs to be installed for telecare equipment, please complete sections 5 & 6	Yes ☐ No ☐

Section 5: Lifeline application **Authority / Housing Association: DACORUM BOROUGH COUNCIL** **Category:**				**Office Use Only**
Sender Name:		Email:		
Date Submitted:				
I confirm that the persons named as emergency contacts, keyholders and doctors are aware that they have been named and that they agree with their name and contact details being stored and used by Dacorum Borough Council and Tunstall Response for this purpose.		Signed: (Sender)		☐
ID / Address Information				
Scheme ID:		**Resident ID:**		
Property Name:				
House Number:				
Street:				
Area:				
Town:				
County:				
Postcode:				
Telephone No:				☐
Access / Equipment Information				
Is there a key safe fitted?	**Yes** ☐ **No** ☐			
If yes, what is the code?				
Location of the Key Safe:				
Telecare Installed:				

Smart Hub PRC Code & Serial Number:		☐

First Resident Information						Office Use Only
Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Dr ☐						
Forename:		Date of Birth:				
Surname:		Telephone Number:				
Known As:		Mobile Number:				☐

Medical Information (Please only use the tick boxes provided and do not list any other conditions or medication as this will not be recorded.)				
KW1 - Sensory Impairments:			**KW2 – Mental Health Disorder:**	
Hearing Impaired ☐	Deaf ☐		Alzheimers Disease ☐	
Sight Impaired ☐	Blind ☐		Dementia ☐	
Speech Impaired ☐	No Verbal Communication ☐			
KW3 - Language: If English is not the resident's first language, please indicate below;				☐

GP Surgery				
Surgery Name:		Surgery Address:		
Surgery Tel No:		Post Code:		☐

Carers Information				
Care Company:		Care Company:		
Tel Number:		Tel Number:		
Visit Times:		Visit Times:		☐

Second Resident Information						Office Use Only
Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Dr ☐						
Forename:		Date of Birth:				
Surname:		Telephone Number:				
Known As:		Mobile Number:				☐
Medical Information **(Please only use the tick boxes provided and do not list any other conditions or medication as this will not be recorded.)**						
KW1 - Sensory Impairments: Hearing Impaired ☐ Deaf ☐ Sight Impaired ☐ Blind ☐ Speech Impaired ☐ No Verbal Communication ☐		**KW2 – Mental Health Disorder:** Alzheimers Disease ☐ Dementia ☐				
KW3 - Language: If English is not the resident's first language, please indicate below;						☐
GP Surgery						
Surgery Name:		Surgery Address:				
Surgery Tel No:		Post Code:				☐
Carers Information						
Care Company:		Care Company:				
Tel Number:		Tel Number:				
Visit Times:		Visit Times:				☐

Resident Contact 1				
Key Holder?	**Yes** ☐ **No** ☐	**Next of Kin?**	**Yes** ☐ **No** ☐	
Contact Name:				
Address:				
Postcode:				
Home Tel No:				
Mobile Tel:				
Work Tel No:				
Relationship:				☐
Resident Contact 2				
Key Holder?	**Yes** ☐ **No** ☐	**Next of Kin?**	**Yes** ☐ **No** ☐	
Contact Name:				
Address:				
Postcode:				
Home Tel No:				
Mobile Tel:				
Work Tel No:				
Relationship:				☐
Resident Contact 3				
Key Holder?	**Yes** ☐ **No** ☐	**Next of Kin?**	**Yes** ☐ **No** ☐	
Contact Name:				
Address:				
Postcode:				
Home Tel No:				
Mobile Tel:				
Work Tel No:				
Relationship:				☐

Section 6 **Risks**	
Would the person's memory enable them to push a button?	Yes ☐ No ☐
Would the person's manual dexterity enable them to push a button?	Yes ☐ No ☐

Are there any risks associated with Falls? If yes continue to fill out the information below	Yes ☐ No ☐
How many times has the person fallen in the last three months?	**Details**
The person has fallen due to seizures, dizziness or loss of consciousness	Yes ☐ No ☐

Are there any significant risks associated with fire? If yes, please continue to fill out the information below		Yes ☐ No ☐
	Yes/No	**If yes, please give details**
The person's behaviour and/or environment significantly increases risk of fire occurring	Yes ☐ No ☐	
The person is unlikely to respond appropriately in the event of a fire	Yes ☐ No ☐	
In the event of a fire the person would have difficulty evacuating the premises	Yes ☐ No ☐	
Does anyone smoke within the property?	Yes ☐ No ☐	
Is there a working smoke detector in the property?	Yes ☐ No ☐	

Are there any significant risks of carbon monoxide poisoning due to poorly maintained gas appliance(s)?	Yes ☐ No ☐
Would the person benefit from a carbon monoxide detector?	Yes ☐ No ☐

Are there any significant risks associated with flooding? If yes continue to fill out the information below		Yes ☐ No ☐
	Yes/No	**If yes, please give details**
The person has previously left taps running	Yes ☐ No ☐	
There has been previous incidents of flooding	Yes ☐ No ☐	

Does the person have difficulty hearing the smoke alarm, telephone and doorbell?	Yes ☐ No ☐
Does the person forget to take their medication?	Yes ☐ No ☐
Has the person experienced domestic violence?	Yes ☐ No ☐
Has the person experienced bogus callers?	Yes ☐ No ☐

Does the person have needs that are more complex?	Yes ☐ No ☐

Please give details

Privacy statement

The information you give us will be held on council systems with appropriate security and access. The information we collect will be used for the purpose of setting up, monitoring and providing a community alarm service to enable you to summon help if needed. We may need to share this information with external health and social care professional's/providers who from time to time need to consult, in order to advise or provide you with the appropriate services.

Optional: We would also like to use your information for service planning, monitoring services and research. We will only do this if you tick the **YES** box below. If you do not agree to this – then please tick the **NO** box.
Yes ☐ No ☐

More information on how the council use your personal data can be found here;
www.dacorum.gov.uk/privacypolicies

How did you hear about the service?
Please give details below

Please return application form to:

Supported Housing Service
Dacorum Borough Council
The Forum
Marlowes
Hemel Hempstead
Hertfordshire
HP1 1DN
Tel: 01442 228347
Email Lifeline@dacorum.gov.uk