|  |
| --- |
| If you have any queries about this form, or have any problems filling it in, please **contact us on 01592 803280** or by email [**enquiries.sds@dphsfife.org.uk**](mailto:enquiries.sds@dphsfife.org.uk).  Please return your completed form to:  **SDS Options (Fife)**  **Disabled Persons Housing Service (Fife)**  **Caledonia House**  **Pentland Park, Saltire Centre**  **Glenrothes**  **KY6 2AQ** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **About you and your household** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Mr / Mrs / Miss / Ms | | | | | | | |  | | | | | | | | | | | | |
| First Name | | | |  | | | | Surname | | | | | |  | | | | | | |
|  | Male | | |  | Female | | | Date of Birth | | | | | | | | \_\_\_/\_\_\_/\_\_\_\_\_ | | | | |
| Address | | |  | | | | | Contact Information | | | | | | | | | | | | |
|  | | |  | | | | | Home | |  | | | | | | | | | | |
|  | | |  | | | | | Mobile | |  | | | | | | | | | | |
|  | | |  | | | | | Email | |  | | | | | | | | | | |
| Postcode | | |  | | | | | Preferred method of contact | | | | | | | | | | | | |
|  | | |  | | | | | Phone | | | | | Letter | | | | | | Email | |
| When is the best time to contact you? | | | | | | | |  |  | | AM | | | |  | |  | PM | |  |
| Do you want us to contact someone else on your behalf? | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Contact no: | | | |  | | | | | | | | |
| Address (if different from above) | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Other Household Members** | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Relationship to you | | | | | |
|  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
| **About you and your household cont.** | | | | |
| **Do you have any communication needs e.g. interpreter, large print, coloured paper, loop system, contact by text?** | | | | |
|  | No |  | Yes, details: |  | |
| **Do you have any pets?** | | | | |
|  | No |  | Yes, what pets: |  | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrer Information** | | | | | |
| *If you are completing this on behalf of someone, please complete this section otherwise leave it blank* | | | | | |
| First Names |  | | | Surname |  |
| Relationship |  | | |  | |
| (e.g. Social Worker, Support Worker, Guardian, Power of Attorney, Carer, Friend) | | | | | |
| Organisation Details *(if applicable)*: | | |  | | |
|  | | | | | |
|  | | | | | |
| Contact number: | |  | | | |
| Email: | |  | | | |
|  | |  | | | |

|  |
| --- |
| **Advice Needed** |

|  |  |
| --- | --- |
| What kind of advice is needed?: (Tick all that apply) | |
| General Advice: | |
|  | Information about Self-Directed Support |
|  | Assistance to explore the 4 different options. |
|  | Explore support needs and prepare for social work assessment. |
|  | |
| Specialised Advice: | |
|  | Explore Option 1 (Direct payment/employing own staff) |
|  | Information/Support to set up my support/care staff (or personal assistant) |
|  | Payroll Solutions |
|  | Signposting to training |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | |
| **Your current support situation** | | | | | | | | | | | | | | | | | | | | |
| **Do you currently receive Funded Support?** | | | | | | | | | | | | | | | | | | | | |
|  | Social Work | | |  | | ILF | | | | |  | Self Fund | | | | | |  | No | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Your current support situation cont.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Has your Self Directed Support Assessment Taken Place?** | | | | | | | | | | | | | | | | | | | | |
|  | | No | | | | | | |  | Yes | | | | | | |
| If yes, at what stage are you? | | | | | | | | | | | | | | | | | | | | |
|  | | | Assessment Done | | | | | | | | | | | | | | | | | |
|  | | | Met eligibility criteria | | | | | | | | | | | | | | | | | |
|  | | | Budget/Hours agreed | | | | | | | | | | | | | | | | | |
|  | | | Service Level Agreement received | | | | | | | | | | | | | | | | | |
|  | | | In receipt of budget | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **If you do not currently have SDS in place, have you thought what option you may like to pursue** | | | | | | | | | | | | | | | | | | | | |
|  | | Option 1 – Direct Payment, self managed | | | | | | | | | | | | | | | | | | |
|  | | Option 2 – Individual Service Fund, direct your support through a 3rd party | | | | | | | | | | | | | | | | | | |
|  | | Option 3 – Local authority manages support and budget | | | | | | | | | | | | | | | | | | |
|  | | Option 4 – A mixture of the above ways to arrange care/support | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **If you receive support what help do you currently receive?** | | | | | | | | | | | | | | | | | | | | |
|  | Home Care | | | |  | | Day Care | | | | | |  | Respite | | | | | | |
|  | Direct Payment | | | |  | | Agency | | | | | |  | Other please state:­­­­ | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please detail any Social Workers or Support Workers working with you:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please detail any other support you receive:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please detail any current community, social or other service involvement e.g. befriending, social clubs, sports clubs, youth clubs:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Your current support situation cont.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **What disabilities/health conditions do you have and how do they affect you?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Are any of your conditions/disabilities made worse by your current housing?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Do you have an emergency call system?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | Yes | | | | | | |  | No | | | |
| If not would you like information about getting one? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | Yes | | | | | | |  | No | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SDS Community** | | | | |
| **Would you be interested in knowing more about our SDS Community?**  We have meetings in North East, Central and West Fife, and an online community for people receiving SDS and their family/carers to come together to share experiences, get support from peers and hear about what’s going on with SDS in Fife. | | | | |
|  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Events and Newsletters** | | | | |
| We regularly hold events and distribute our newsletter that may be of interest. | | | | |
| If you wish to be contacted about these, please indicate below if you would like to be added to our (e)mailing list. | | | | |
|  | | | | |
|  |  | Yes, add me to the emailing list | Initials: |  |
| Yes, add me to the mailing list (postal) | | | | |
| We will contact you annually to see if you would still wish to remain on our mailing list. | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Information** | | | | | | | | |
| **How did you hear about our service?** | | | | | | | | |
|  | Family/Friend |  | SDS Leaflet |  | DPHS Leaflet |  | Internet/Website |
|  | Hospital |  | Fife Council |  | Support Agency |  | Other, please state; | |
|  | | | | | | | | |
| **Please use the space below to add any other information you feel is relevant to your support needs.** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Declaration** | | | |
|  | | | |
| **Please carefully read below and sign the form as we cannot process the form without your authorising signature/s.** | | | |
|  | | | |
| The information you provide on this form will be processed by our parent organisation Disabled Persons Housing Service (Fife) in accordance with the General Data Protection Act | | | |
|  | | | |
| Disabled Persons Housing Service (Fife) will use this information for the purposes of providing you with independent self-directed support information and advice, and compiling anonymous statistical data.  We may contact other agencies, such as Fife Council and support agencies to obtain and share further information where required.  By signing you agree to your information being used in this way and that all information supplied on our form is true. | | | |
|  | | | |
| If the person requiring support is unable to sign due to age (under 16) or disability the parent/guardian or power of attorney should sign as the representative. | | | |
|  | | | |
| Applicant Signature: |  | Date: |  |
| Representative Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **External Auditing** | | | |
|  | | | |
|  | | | |
| I/We agree to the disclosure of my/our case file held by Disabled Persons Housing Service (Fife) “DPHS” to external auditors for the purpose of quality assurance and continuous improvement of the advice service provided by Disabled Persons Housing Service (Fife) “DPHS”. | | | |
|  | | | |
| If you the person requiring support is unable to sign due to age (under 16) or disability the parent/guardian or power of attorney should sign as the representative. | | | |
|  | | | |
| Applicant Signature: |  | Date: |  |
| Representative Signature: |  | Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Equal Opportunities Monitoring Form | | | | | | | | | | | | |
| Disabled Persons Housing Service (Fife) is committed to promoting equal opportunities and diversity in communities. We assist people in need regardless of sex, marital status, race, disability, age, sexual orientation, language, nationality, religious or political beliefs. To ensure we do not discriminate directly or indirectly we need to keep accurate records of all applicants. Please help us by completing this form. This information is for monitoring purposes only and will not affect your application. **You do not have to provide this information if you do not want to.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Ethnic Origin | | | | | | | | | | | | |
| (please tick one box only for each person) | | | | | | | | | | | | |
|  |  | Self |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 | |
| (i) | White |  |  |  |  |  |  |  |  |  |  |  | |
|  | (a) Scottish |  |  |  |  |  |  |  |  |  |  |  | |
|  | (b) Other British |  |  |  |  |  |  |  |  |  |  |  | |
|  | (c) Irish |  |  |  |  |  |  |  |  |  |  |  | |
|  | (d) Gypsy/traveller |  |  |  |  |  |  |  |  |  |  |  | |
|  | (e) Polish |  |  |  |  |  |  |  |  |  |  |  | |
|  | (f) any other white background |  |  |  |  |  |  |  |  |  |  |  | |
| (ii) | Mixed or multiple ethnic background |  |  |  |  |  |  |  |  |  |  |  | |
| (iii) | Asian, Asian Scottish, Asian British |  |  |  |  |  |  |  |  |  |  |  | |
|  | (a) Indian |  |  |  |  |  |  |  |  |  |  |  | |
|  | (b) Pakistani |  |  |  |  |  |  |  |  |  |  |  | |
|  | (c) Bangladeshi |  |  |  |  |  |  |  |  |  |  |  | |
|  | (d) Chinese |  |  |  |  |  |  |  |  |  |  |  | |
|  | (e) Any other Asian background |  |  |  |  |  |  |  |  |  |  |  | |
| (iv) | Black, Black Scottish, Black British |  |  |  |  |  |  |  |  |  |  |  | |
|  | (a) Caribbean |  |  |  |  |  |  |  |  |  |  |  | |
|  | (b) African |  |  |  |  |  |  |  |  |  |  |  | |
|  | (c) Any other black background |  |  |  |  |  |  |  |  |  |  |  | |
| (v) | Other ethnic background |  |  |  |  |  |  |  |  |  |  |  | |
|  | (a) Arab, Arab Scottish, Arab British |  |  |  |  |  |  |  |  |  |  |  | |
|  | (b) any other group |  |  |  |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nationality | | | | | | | | | | | | | | | | | | | | | | | | | |
| (please tick one box only for each person) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Self | |  | 1 | | |  | | 2 | |  | | 3 | |  | | 4 |  | 5 |
| UK National, resident in UK | | | | | |  | |  |  | | |  | |  | |  | |  | |  | |  |  |  |
| European Economic Area (EEA) country | | | | | |  | |  |  | | |  | |  | |  | |  | |  | |  |  |  |
| UK National returning from residence overseas | | | | | |  | |  |  | | |  | |  | |  | |  | |  | |  |  |  |
| Any other country  (please state) | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Self |  | | | | | | 1 | | | |  | | | | | | | | | | | | | | | |
| 2 |  | | | | | | 3 | | | |  | | | | | | | | | | | | | | | |
| 4 |  | | | | | | 5 | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion – What is your religion? | | | | | | | | | | | | | | | | | | | | | | | | | |
| (please tick one box only for each person) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Self |  | 1 |  | 2 | |  | | 3 | | |  | | 4 | |  | | 5 | |
| Christian | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Buddhist | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Hindu | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Jewish | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Muslim | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Sikh | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Don’t have a religion | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Prefer not to say | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
| Other  (please state below) | |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual orientation- How would you describe the sexual orientation of each person? | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Bisexual, Gay Man, Lesbian, Heterosexual (straight), Transgender, prefer not to say* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self |  | | | | | | 1 | | | |  | | | | | | | | | | | | | | | |
| 2 |  | | | | | | 3 | | | |  | | | | | | | | | | | | | | | |
| 4 |  | | | | | | 5 | | | |  | | | | | | | | | | | | | | | |