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| **Safe & Sound Referral Form TC10** |

**ALL DETAILS MUST BE COMPLETED AND A PACKAGE SELECTED FROM THE TABLE OVERLEAF**

**PRIOR TO SUBMITTING A REFERRAL**

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| **Does the service user pay their council tax to Bradford Council?** | **Yes** |  | **No** |  |
| If yes, please continue below. If no, please contact the local authority you pay your council tax to. | | | | |

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| **Name:** |  | | | | | | **Title:** | |  | | | | **D.O.B.** | | |  | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | |
| **District:**  eg: Wibsey,Wrose |  | | | **Post Code:** | | |  | | | **Type of Property:** | | | | |  | | | | |
| **Contact Info:** | **Landline:** |  | | | **Mobile:** | |  | | | | | **Email:** | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **G.P. Practice:** |  | | | | | | | | | **Post Code:** | | | | |  | | | | |
| **NHS No:** |  | | **Ethnicity:** | | |  | | | | **Language:** | | | | |  | | | | |
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| **CONTACT DETAILS (IF DIFFERENT FROM ABOVE, eg. CARER OR FAMILY MEMBER)** | | | | | | | | | | | | | | | | | | | |
| **1st Contact Name** |  | | | | | | **Relationship:** | | | |  | | | | | | | | |
| **Contact Info:** | **Landline:** |  | | | | | | **Mobile:** | | |  | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | |
| **2nd Contact Name** |  | | | | | | **Relationship:** | | | |  | | | | | | | | |
| **Contact Info:** | **Landline:** |  | | | | | | **Mobile:** | | |  | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | |
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| **Do we need to contact anyone to arrange the installation appointment?**  **A contact person must be present during an installation, if the service user has memory problems** | | | | | | | | | | | | | | **Yes** | | |  | **No** |  |
| **Please specify which contact here:** | | | | | | | | | | | | | | | | | | | |

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| **REFERERS DETAILS** | | | | |
| **Name:** |  | | **Job Title:** |  |
| **Email:** |  | | **Contact No:** |  |
| **DATE REFERRAL MADE:** | |  | | |

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| **Is the request to facilitate hospital discharge:** | | **Yes** |  | **No** |  |
| **Discharge Date:** |  | | | | |

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| **PACKAGES AVAILABLE** | | **Connection to 24-hour monitoring centre and mobile response service** | **Cost per week (per household)** | **Additional sensors included in this package** |
| **Stand Alone**  Notifier and Sensors see list below | | **No, equipment is monitored in the home** | **£2.31** | **Yes** |
| **Basic Package** Unit and Basic Pendant | | **Yes** | **£8.62** | **No** |
| **Home Safety** Unit and Basic Pendant  Plus 1 additional sensor see list below | | **Yes** | **£10.00** | **Yes** |
| **Home Safety Plus** Unit and Basic Pendant  Plus 2 additional sensors see the list below | | **Yes** | **£12.50** | **Yes** |
| **Falls Package** Unit and Falls detector Pendant | | **Yes** | **£10.46** | **No** |
| **Falls Plus** Unit and Falls detector Pendant Plus a range of connected sensors see the list below | | **Yes** | **£12.96** | **Yes** |
| **INSTALLATION CHARGE** | An installation charge of **£25.00** will apply to all new customers. | | | |

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| **PACKAGE TYPE** | **Stand Alone** | **Home Safety** | **Home Safety Plus** | **Falls Plus** |
| **No. of sensors to select per package** | **Any** | **One** | **Two** | **Any** |
| **Tick below to indicate sensors required** |  |  |  |  |
|  | Notifier | Notifier | Notifier | Notifier |
|  | Chair Sensor | Chair Sensor | Chair Sensor | Chair Sensor |
|  | Bed Sensor | Bed Sensor | Bed Sensor | Bed Sensor |
|  | Door Sensor | Door Sensor | Door Sensor | Door Sensor |
|  | Floor Sensor | Floor Sensor | Floor Sensor | Floor Sensor |
|  | Flood Detector | Flood Detector | Flood Detector | Flood Detector |
|  |  | Smoke Detector (2) | Smoke Detector (2) | Smoke Detector (2) |
|  |  | Heat Sensor | Heat Sensor | Heat Sensor |
|  |  | Bogus Caller | Bogus Caller | Bogus Caller |

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| **Epilepsy Sensor** | **Professional referral only accepted.** £25.00 installation fee will apply plus the weekly standalone charge. |
| **Medication Dispenser** | £25.00 installation fee will apply; however, no weekly charge is made when this is the only item required. |

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| **PACKAGE REQUIRED:** |  |

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| Is the service user aware that there is a weekly cost for the service plus an installation charge? | | **Yes** |  | **No** |  |
| Is there a spare power socket available? | | **Yes** |  | **No** |  |
| **ADDITIONAL ONE-OFF FEES:** | An additional fee of £25.00 will be charged when a home visit is required due to a change of package type. | | | | |

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| ***If there is a potential 2nd user within the property please complete a separate referral form*** |

**email completed form to:** [**Safe&Sound@bradford.gov.uk**](mailto:Safe&Sound@bradford.gov.uk)