

**Rochdale
Solutions**



Rochdale, Heywood, Middleton and Pennines

"Supporting adults to improve health, wellbeing and prosperity"

Please send your referral form to:

**Rochdale Solutions,
2 Kenion Street,
Rochdale,
OL16 1SN**

Email: rochdale.solutions@partnership-working.org.uk
Tel: 01706 515805

More information

Please contact Azra Ahmed or Amjad Mennan using the contact details above for more information regarding this new service, they will be happy to answer any questions you may have.



Creative Support Limited is a Registered Society under the Co-operative and Community Benefit Societies Act 2014 (Register Number 27440R)



Rochdale
Gateway Leisure
Limited

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Solutions**



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"Supporting adults to improve health, wellbeing and prosperity"

Rochdale Solutions

Referral Form

Rochdale Solutions is committed to providing you with a high quality support service. We will work with individuals in a person centred way to improve health wellbeing and prosperity leading to greater independence.

Positively working in partnership



Rochdale
Gateway Leisure
Limited

Please consider the following

Applicants must fit into one or more of the following:

- The applicant is a Rochdale resident aged 18 or over
- The applicant is vulnerable and has support needs
- The applicant is seeking support because they have an identified need and require support.
- The applicant lacks the basic social communication skills that are needed to live independently.
- The applicant lacks confidence or skills to cope with the requirements of daily living.
- The applicant requires support in becoming independent. This support will ensure the individuals are in receipt of the right type of support to include support around mental health, physical disabilities, learning disabilities, carers issues, advice and information, social opportunities, skills, employment and training and volunteering opportunities.

The information provided will help us to decide whether we are able to offer our support and provide our service.

At this stage the case is not open

If the referral is appropriate then the individual referred will be informed in writing (and the referral source if this is different) and the case will be opened. A case worker will be allocated to carry out a needs assessment that will help us identify the individual's needs and a support action plan will be agreed with the individual.

If the referral is not appropriate for this service

If the referral is not appropriate for this service then we will inform the individual in writing (and the referral source if this is different) and provide a reason for this. At this point we will signpost you on to alternative services, provide you with information on how to appeal as well as information on opportunities for reapplication (if appropriate).

Office use only

Date Referral Received	Meets service criteria	Case open/closed	Sign posted to:

Once we receive this completed Referral Form, one of our Rochdale Solutions Team will be in touch as soon as possible.

They will arrange to meet with you, or talk over the telephone to discuss your needs and draw up a support plan.

The Rochdale Solutions team will support you to access the most appropriate agency or service either within the Rochdale Solutions service or a service provided by other organisations across the borough.

Please return this completed form to:

**Rochdale Solutions
Rochdale Gateway Leisure Limited
2 Kenion Street
Rochdale
OL16 1SN**

Email : Rochdale.Solutions@partnership-working.org.uk

THE INFORMATION YOU GIVE ON THIS FORM WILL REMAIN PRIVATE AND CONFIDENTIAL IN ACCORDANCE WITH THE CONFIDENTIALITY POLICY OF ROCHDALE SOLUTIONS.

Please turn over for contact details.



How did you hear about Rochdale Solutions?

Emergency Contact details

Name of Person:

Relationship to you:

Address:

Postcode:

Telephone:

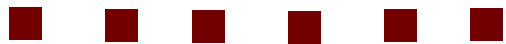
Mobile:

.....
Signature of person being referred:

Date:

Signature of referring worker:

Date:



Details of person being referred

Full Name:

DOB:

Ethnic Origin:

Language:

Gender:

Current address inc. postcode:

Telephone number:

Fax number:

Current accommodation:

Family home

Residential care

Hospital

Supported living
below)

Other

(please give details

Other professionals/services currently involved:

Name/Role	Organisation	Contact details

Details of referrer

Name:

If self referred please put "self referred"

Title:

(e.g. parent, family member, social worker)

Contact address:

Telephone number:

Fax number:

Email:

Relationship to referred individual:

If applicable is the individual/ family in agreement with this referral?

Yes No N/A

Employment Status

Employed

Retired

Self employed

Student full time /part time

Unemployed

Disabled

Other:

If you are unemployed, would you like support to get into employment or volunteering?

What kind of employment or volunteering are you interested in?

Risks

Here we would like to know about any risks you may have . If there are risk issues for you, we can still offer our services, but we will endeavour to ensure our services are safe for you and others.

Do you have any history of risk to you or others, for example self-harm, attempted suicide, self neglect, violence to others, sexual offence, arson, violence to property, theft?

No

Yes

If YES, please give details, and whether or not this is a current risk, please enclose a risk assessment.



Other Issues

E.g. alcohol/drug dependency, isolation

Your Support Needs

What do you think would help you to manage your needs and move towards greater independence? How can Rochdale Solutions support you to support yourself?



Main carer details

Name:

Role:

(e.g. parent, family member, social worker)

Contact address:

Telephone number:

Email:

Age of main carer:

First language: English Urdu Punjabi Mirpuri

Bengali

Other, please state:



Physical Health

Any issues e.g. disabilities, epilepsy, asthma, sensory impairment

Carer

Are you a carer? Who do you care for (relationship)? What is their condition?

Mental Health

Please describe your mental health issues, If you have a diagnosis, what is it?

Advice and Information

Any issue you require support with e.g. debt, housing, benefits, transport, welfare

Learning Disability

Any issues e.g. asperger's, autism, mild/moderate/severe learning disability

Education, training, leisure, social integration

Any issue you require support with e.g. opportunities for learning/training/life skills/accessing leisure opportunities/community engagement/staying healthy/remaining safe

