



JOHAV CARE: REQUEST FOR SERVICE APPLICATION/ REFERRAL FORM

Full name of applicant	<input type="text"/>		
Date of birth	<input type="text"/>	Date of application	<input type="text"/>
Gender	<input type="text"/>	Marital status	<input type="text"/>
Ethnicity	<input type="text"/>	Religion	<input type="text"/>
Permanent address	<input type="text"/>		
Current address (if different from permanent address)	<input type="text"/>		
Name and contact details of next of kin	<input type="text"/>		
Name and details of other family members/friends who are involved in the application	<input type="text"/>		
Names and contact details of legal representative(s), if any, eg Power of Attorney	<input type="text"/>		
Names and contact details of social workers/healthcare professionals involved in the application or making the referral (if any)	<input type="text"/>		
Payment arrangements			
Is the applicant/will they be:			
• funded by the local authority/NHS	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes	Fully <input type="checkbox"/> Partly <input type="checkbox"/>
• privately funded (self-funding) with or without third-party help	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• using local authority personal/individual budgets awarded to them	Yes <input type="checkbox"/> No <input type="checkbox"/>		



Mental capacity issues

Is the application being made by the person themselves?

Yes No

With their full consent?

Yes No

Or is the application being made as a result of a best-interests decision?

Yes No

Details of the assessment justifying best-interests decision

Reasons for the application (refer to needs assessment including risk assessments) if available

Does the application reflect short-term/rehabilitative/long-term care needs? (Describe)

Health status (state conditions or illnesses/hospital admissions in the past 12 months (or longer if follow up is needed))

Describe reasons for considering the agency to be suitable for your/the applicant's needs

Describe any particular service conditions needed, eg:

- “double up care” for moving and transferring
- specific services to be carried out in addition to basic personal care, eg catheter care, giving out medication
- additional features of the required service



Johav Care
People First

Describe timescales/level of urgency as to when service is needed

Do you/does the applicant agree to the agency asking for information from other sources if it needs to?

Yes No

(Explain what these might be)

Signed by service user

Date

Signed by person's representative
(if unable to give consent)

Date

Signed by registered
person/manager

Date