



FRIENDS AND PLACES 25 to 40 YEARS REFERRAL FORM

Name and what you want to be known as	
Date of birth	
Age	
Parents Next of kin	
Staff that support you e.g., outreach staff and contact details	
Address	
Telephone - mobile and landline	
Email Address	
Facebook/Instagram	
Social Worker	
Disabilities? What support do you need to go out and meet friends?	
Communication? Do you use a tablet? Can you use an app on your phone? Can you text on your phone	
Any risks to be made aware of?	

<p>Behaviours Can you tell us anything that you get upset by and that we need to know when going out with your friends</p>	
<p>Travel Independent? Mobility care? Need support? Would need 1:1 support Own Transport</p>	
<p>Dietary needs? Anything you cannot eat or religious, allergies</p>	
<p>Medical Needs Do you take medication Is there anything we should be made aware of</p>	
<p>Costs - Do you need to stick to a budget when going out and what can you afford, Do you have direct payments to pay for any staffing to go out</p>	
<p>Level of support When you go out are you independent as in go out on your own, with parents, with paid staff, etc</p>	
<p>Interests / hobbies What do you love to do?</p>	
<p>Friendships Tell us who your friends are, who do you want to meet up with. Do you have any contact that we can speak to their carer or staff</p>	
Services Interested in?	

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www.friendsandplacetogether.org.uk [www.facebook/FandPT](https://www.facebook.com/FandPT)
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