

**SOUTH EAST WALES ADULT PLACEMENT SCHEME SHARED LIVES
REFERRAL & CONTRACT**

To avoid any delays in progressing the referral:-

- *Please complete all sections of the referral*
- *Send a copy of the person's Assessment and Care Plan with the referral*
- *Send the referral, Assessment and Care Plan via GCSx secure email to:*

AdultPlacement@caerphilly.gcsx.gov.uk

Purchasing Local Authority:-	
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Designated Care Manager:		Originating Team Responsible:	
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Details of Service Required (broken down into hours)

Mileage (sessional only)
Agreed maximum number of miles to be paid per week:-

Referral Completed by:-			
Date of Referral		Cost Centre	
Authorised by:-		Date	

Service User Details:-					
Name		Date of Birth		SWIFT/Draig No.	
Address					
Contact Number					

(This section is to be completed by APS)

Details of the Assessed Care:- *(Please tick appropriate box and complete relevant costings for chosen service)*

AP Long Term			AP Emergency			AP Respite/Short Term					
Banding		Cost of Banding		Banding		Cost of Banding		Banding		Cost of Banding	

AP Sessional (Care)		No. of Hours		AP Sessional (Supp)		No. of Hours	
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Start Date:	End Date:	Total Cost of Package:
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Details of AP Provider:-

Name:	Tel Number:
Address:	

Referral Closure:-

Closure date:	
Closure reason:	