

**SOUTH EAST WALES SHARED LIVES SCHEME**  
**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*

<b>Purchasing Local Authority:-</b>	
-------------------------------------	--

<b>Designated Care Manager:</b>		<b>Originating Team Responsible:</b>	
---------------------------------	--	--------------------------------------	--

<b>Details of Service Required (broken down into hours)</b>

<b>Mileage (<i>sessional only</i>)</b>	
<b>Agreed maximum number of miles to be paid per week:-</b>	

<b>Referral Completed by:-</b>			
<b>Date of Referral</b>		<b>Cost Centre</b>	
<b>Authorised by:-</b>		<b>Date</b>	

<b>Individual's Details:-</b>					
<b>Name</b>		<b>Date of Birth</b>		<b>SWIFT/Draig No.</b>	
<b>Address</b>					
<b>Contact Number</b>					

*(This section is to be completed by the Shared Lives Scheme)*

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

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

Sessional (Care)		No. of Hours		Sessional (Supp)		No. of Hours	
------------------	--	--------------	--	------------------	--	--------------	--

Start Date:	End Date:	Total Cost of Package:
-------------	-----------	------------------------

**Details of Shared Lives Provider:-**

<b>Name:</b>	<b>Tel Number:</b>
<b>Address:</b>	

**Referral Closure:-**

<b>Closure date:</b>	
<b>Closure reason:</b>	