

**IDK Support 4 You Ltd Referral Form Pre-Payment Card Service**

**Please complete all sections.**

**Name:**

**Address:**

**Previous Address if different in last 3 years.**

**Contact Telephone Number:**

**Liquid Logic Number:**

**Date of Birth:**

**Social Worker’s Name:**

**Based at:**

**Contact Number:**

**Email Address:**

**Funding Stream: SCC/Council NHS CHC Private**

**Main Point of Contact:**

**Telephone Number:**

**Email Address:**

**Service Applied for**

**One Off Set Up Fee £30.00**

**Pre-payment card service £10.00 pr week**

**Does your client have capacity? Yes/No**

**Are there any safeguarding issues we need to be aware of? Yes/No**

**If yes, can you give details of the safeguarding issue:**

**Can your client speak on the telephone/answer questions Yes/No**

**Care Agency/Support Agency/Card Holder**

**Name**

**Address**

**Contact person**

**Contact telephone number**

**Family/Next of Kin:**

**Name:**

**Address:**

**Contact Number:**

**Information we need to be aware of:**

**Please enclose copies of all clients’ background information and client communication requirements.**

**IDK Support 4 You Ltd will set up a pre-payment card account upon receipts of this information and all the relevant documents in relation to Sheffield City Council Policies and Procedures.**

**Please sign below to confirm you have completed the above information fully:**

**CONFIDENTIALITY**

**I am aware that IDK Support 4 You Ltd, may be required to share information with relevant 3rd parties but will not pass information outside of the organisation unless required in the service I have requested.**

**Referrals Name:**

**Referrals Signature:**

**Date:**