**Grapevine referral form**

**Criteria for service:**

* Adult aged 16 +
* Living in City of Edinburgh Council local authority area or registered with Edinburgh GP.
* Require information, advice and/or support on range of topics Grapevine covers (please select from list below).
1. **Date form filled in:**
2. **Name and contact details of person making the referral:**
3. **Contact details of person requiring information and advice**:

 Name

 Date of birth/age:

 Address:

Tel:

1. **Background information and reason for referral:**
* **Please specify any concerns and degree of urgency as required:**
* **What is the person’s level of engagement with services?**
* **What is the current level of support (from family, friends, other agencies etc)? Please specify if there is a main carer involved.**
* **Risk Assessment (i.e challenging behaviour, other issues from )**:
* **Any other additional information.**

1. **Please highlight any specific requirements under topic headings below:**

☐ Benefits

☐Community Care

☐Housing Advice

☐Transport and Travel

☐Employment

☐Equipment and Adaptations

☐Education

☐Leisure, social, holidays

☐Access issues

☐Personal and Health Issues

☐Grants/trusts

1. **Is service users aware that Grapevine service will be in touch?**

 ☐ Yes ☐No

1. **Preferred contact:**

☐ Telephone ☐ Email