Bury Social Care Transition Form

Personal Details

|  |  |
| --- | --- |
| Name of Customer: |  |
| Date of Birth:  |  |
| Ethnicity:  |  |
| Address: |  |
| Telephone Number:  |  |
| Email: |  |

Additional Information

|  |  |
| --- | --- |
| Primary Need: |  |
| Secondary Need, if applicable |  |
| Level of Learning Disability if Relevant Please tick where applicable (ü) |
| Low Level | Moderate | Severe | Autism | Other  |
|  |  |  |  |  |
| Please tick where applicable (ü) and provide any relevant details  |
| CHC Funded | Are there any current or upcoming Court Proceedings | Is the young person a Looked After Child | Is the young person known to CAHMS |
|  |  |  |  |

Main Carers Details

|  |  |
| --- | --- |
| Name  |  |
| Relationship to Young Person  |  |
| Date of Birth:  |  |
| Ethnicity:  |  |
| Address: |  |
| Telephone Number:  |  |
| Email: |  |

|  |
| --- |
| Details of Current Care Package and Costs: Current Provision:  Cost: Details: Current Provision:  Cost:Details:Current Provision:  Cost:Details:Total cost of current package: £  |

|  |
| --- |
| Social History / Background:  |

|  |
| --- |
| Additional Information:  |

|  |
| --- |
| Timetable of current Support Package (please provide brief details) |
| Day | Morning  | Lunchtime | Afternoon | Evening  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday  |  |  |  |  |

Form to be emailed to 14-25.transition@bury.go.uk