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](mailto:14-25.transition@bury.go.uk)