**Referral Form - ALONE Befriending Service and/or Support Coordination Service**

*Please read the Befriending Service and Support Coordination Service Referral Information Sheet before completing the form.* ***Where possible please complete this form with the person who is being referred.***

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| **Details of Person Referred:** | |
| **Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Date of Birth**  *Age must be 60+* |  |
| **Please State One Emergency Contact Person**  *Name, Relationship, Contact Details etc.* |  |

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| **Type of Referral:**  External Agency ☐ Family/Friend ☐ |
| **Contact Details of Referrer:** (Name, Contact Number, Organisation, Email, etc.) |
| **Is the person aware that the referral is being made?**  Yes ☐ No ☐  *It is essential that the person being referred is aware of the referral and wants to be referred to ALONE’s services.* |

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| **For which service is the person being referred?**  Befriending  ⃣Support Coordination ⃣Both ⃣  *Please circle or highlight the primary issues leading to this referral to our Befriending and/or Support Coordination Service:*  Housing issues Physical health issues Mental Health issues Social Isolation  Disability Bereavement Mobility issues  Please outline nature of issue(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Does the person being referred live alone?** Yes ☐ No ☐  \**For description of Support Coordination please see the Befriending Service and Support Coordination Service Referral Information Sheet* |

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| **Details of Medical/Other Relevant Professional** |  | **Phone No.** |  |
| **Where deemed necessary we may require to speak to one of the above before the assessment visit.Please indicate if you give permission for this to take place:** Yes ☐ No ☐ | | | |

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| **Other Information** |
| **If referring for the Befriending Service, is there any other information which you feel is relevant for ALONE to know before assigning a volunteer to visit the person being referred?** |

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| **Signature:** | **Date:** |

**Return to: *Freepost No. DN6055, ALONE, Olympic House, Pleasants St, D.8* or email:** [**hello@alone.ie**](mailto:hello@alone.ie)

**ALONE REFERRAL INFORMATION SHEET**

**WHAT IS THE ALONE BEFRIENDING SERVICE?**

ALONE’s Befriending Service offers companionship to older people through weekly visits by trained and supported volunteers. We try to match volunteers to the people they visit ensuring compatibility and common interests where possible. Please note the Befriending Service is a companionship service only.

**WHAT IS THE ALONE SUPPORT COORDINATION SERVICE?**

Support Coordination entails the coordination of supports and services for an older person who wishes to age at home. We engage with a wide range of services, including, but not limited to, health and medical, financial, social welfare and housing. Each older person is assigned a Support Coordinator (a trained professional) who acts as an independent advocate for the older person in coordinating the necessary services.

**WHO IS THE BEFRIENDING AND SUPPORT COORDINATION SERVICE FOR?**

The ALONE Befriending and Support Coordination Service works with people over 60 years of age in the Dublin area. If we cannot provide befriending services directly, we will endeavour to locate a service that can. An older person does not necessarily have to live by themselves in order to be referred to ALONE.

**HOW TO MAKE A REFERRAL:**

Please complete the Befriending and Support Coordination Referral Form which can be found on our website or phone ALONE (01-6791032) for a copy to be posted or emailed to you. Ideally, the form should be completed with the person who is being referred.

**WHAT HAPPENS AFTER A REFERRAL IS MADE:**

1. We will confirm receipt of the referral.
2. A Support Coordinator will phone to discuss the service with the person and discuss next steps.
3. An Assessment will be carried out in the home of the person referred.
4. If being referred for befriending, a Support Coordinator will work to match the older person seeking to avail of our Befriending Service with a volunteer, and will remain in contact during this process.

If being referred for Support Coordination, a Support Coordinator will ensure that a plan is put in place to help resolve the difficulties of an older person seeking to avail of our Support Coordination Service, and will remain in contact until the difficulties are resolved.

**FOR MORE INFORMATION:**

Phone: 01 6791032 or email: [hello@alone.ie](mailto:hello@alone.ie)

Address: ALONE, Olympic House, Pleasants St., Dublin 8

ALONE North East, Aspen House, 76 Seatown, Dundalk, Co. Louth

Professionals Phone: 01 2233632

National Helpline: 0818 222 024