Self-referral to KeyRing for support

**When you have filled in this form please email it to** **tracey.lloyd@keyring.org**

Your name:

Your address:

Your phone number:

How will you be funding your network place:

[ ] Direct payments

[ ] Self-funder

Where should we send your invoice? We can send it by post or email.

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| Why do you want to get support from KeyRing? |  |
| Please tell us what you would like to achieve. This could be things like managing your own money, or making appointments yourself. |  |
| What tasks would you like support with? This could be things like going shopping or paying your bills. |  |
| How many hours of support do you think you need each week? |  |
| What support do you get at the moment? |  |
| Are you looking to move home? If yes, are you on local authority housing register? |  |
| **More information**You can give us more information by sharing any assessments you have had. If you don't have these documents you can leave this section empty. |
| Care Management Assessment | [ ]  Yes [ ]  No |
| Mental Health Assessment | [ ]  Yes [ ]  No |
| Other documents | [ ]  Yes [ ]  No |
| If yes, please give details. |  |