Self-referral to KeyRing for support

**When you have filled in this form please email it to** [**tracey.lloyd@keyring.org**](mailto: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.

|  |  |  |
| --- | --- | --- |
| 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. |  | |