**New Service User Enquiry**

Alltogether Care Services pride themselves on the standard and quality

of care they give to Service Users and their families. This form will give

us a clearer picture of your requirements and enable us to give you the

information needed to make an informed decision about our Home Care

Services.

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| **Enquiry From:** |  | **Representative** |  | **Service User:** |  |
| **Relationship:** |  | **Contact Number:** |  |
| **E-Mail:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Enquiry Date:** |  | **Taken By:** |  |
| **Where did you hear about us?** |  |

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| **SERVICE USER DETAILS** |
| **Name:** |  |
| **Address:** |  |
|  |
| **Contact Number(s):** |  |
| **E-Mail:** |  |
| **Preferred Contact:** |  |
| **Service Type:** | **Private** |  | **Local Authority** |  | **Other** |  |

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| **TYPE OF SERVICE(S) REQUIRED** |
| Dementia Care |  | End of Life Care |  |
| Housework |  | Personal Care |  |
| Respite in the Home |  | Short Break |  |
| Socialisation |  | Other - please state |  |
| **Number of Carers:** |  | **Current Care Provider:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours Required:** |  | **Frequency:** |  |
| **Days:** | **Mon** |  | **Tue** |  | **Wed** |  | **Thu** |  | **Fri** |  | **Sat** |  | **Sun** |  |

|  |  |  |
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| **OFFICE USE ONLY** | **Senior Worker(s):** | Margaret Dass/Rachael Dow |
| **Meeting Arranged** | **Date:** |  | **Time:** |  |
| **Outcome:** | **Accepted** |  | **On Hold** |  | **Cancelled** |  |
| **Cancelled Reason:** |  |
| **Proposed Start Date:** |  |

**NOTES**

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