

Putting people
first in Kirklees

Fair access to care services

Eligibility screening questions



Adults and Communities

Fair Access to Care Services:

Eligibility Screening Questions



1. Looking after Yourself <i>Personal Care- things like having a shower or a bath, dressing, going to the toilet, eating, moving about</i>		Please tick the most appropriate statement
a.	I do not need help with my personal care	<input type="checkbox"/>
b.	I need occasional help with my personal care	<input type="checkbox"/>
c.	I need regular and frequent help with my personal care	<input type="checkbox"/>
d.	I need help at all times with my personal care	<input type="checkbox"/>
Explain further:		

2. Day to Day Life <i>Activities of Daily Living- things like shopping, cleaning, doing the laundry, preparing and cooking meals, managing your money, dealing with letters and bills.</i>		Please tick the most appropriate statement
a.	I do not need help with day to day living	<input type="checkbox"/>
b.	I need weekly help with one or two activities of day to day living	<input type="checkbox"/>
c.	I need daily help with several activities of day to day living	<input type="checkbox"/>
d.	I need help at all times with activities of day to day living	<input type="checkbox"/>
Explain further:		

3. Making Decisions <i>This is about who decides things in your life such as where you live, how you spend your money.</i>		Please tick the most appropriate statement
a.	I make all my own decisions and do not need support	<input type="checkbox"/>
b.	I have full control but need some support	<input type="checkbox"/>
c.	I make everyday decisions but need support with life changing decisions	<input type="checkbox"/>
d.	Other people make most of the decisions.	<input type="checkbox"/>
Explain further:		

4. Family, Friends <i>This is about family roles, personal responsibilities and social networks.</i>		Please tick the most appropriate statement
a.	I do not need any support with my role within the family, personal responsibilities.	<input type="checkbox"/>
b.	I need some support on occasions	<input type="checkbox"/>
c.	I need support most of the time	<input type="checkbox"/>
d.	I am unable to maintain my roles/responsibilities with family and friends	<input type="checkbox"/>
Explain further:		

5. Work, Learning and Leisure <i>This is about having a job, learning new things, education, hobbies, culture.</i>		Please tick the most appropriate statement
a.	I do not need help with any of these	<input type="checkbox"/>
b.	I have things to do but need some support	<input type="checkbox"/>
c.	I would like support to help me with finding more work/learning or social opportunities	<input type="checkbox"/>
d.	I have no social activities including work or learning and need support	<input type="checkbox"/>
Explain further:		

6. Staying Safe <i>This is about keeping safe for example when going out or in the home, using the gas cooker or in other areas of your life.</i>		Please tick the most appropriate statement
a.	I do not need help to stay safe	<input type="checkbox"/>
b.	I need some help to stay safe	<input type="checkbox"/>
c.	I need help most of the time to keep safe	<input type="checkbox"/>
d.	I need help at all times to keep safe	<input type="checkbox"/>
Explain further:		

7. Help and Support <i>This is about what help or support you have and includes family, friends and others such as District Nurses, Community Psychiatric Nurses.</i>		Please tick the most appropriate statement
a.	I have no help or support	<input type="checkbox"/>
b.	My family/friends help me each week with things such as shopping, collecting money, washing, cleaning	<input type="checkbox"/>
c.	My family /friends help me most days with such things as having a bath, getting dressed and living activities such as shopping, cleaning	<input type="checkbox"/>
d.	I have weekly visits from a nurse	<input type="checkbox"/>
e.	I have daily visits from a nurse	<input type="checkbox"/>
f.	I have visits from others who help me	<input type="checkbox"/>
Explain further:		

Do you have a carer? <i>(A carer is someone who looks after family, partners, friends or neighbours in need of help because they are ill, frail or have a disability.)</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If Yes please give their details		

8. Carer Support <i>This is for you and/or your carer to complete.</i> <i>If you don't have a carer please ignore this question.</i>		Please tick the most appropriate statement
a.	I am a willing and able carer	<input type="checkbox"/>
b.	My caring role has some impact on me	<input type="checkbox"/>
c.	My caring role has a significant impact on me	<input type="checkbox"/>
d.	I feel unable to continue in my caring role	<input type="checkbox"/>
Explain further:		

Overall Eligibility:	
	<input type="button" value="Assess"/>
Signature:	Date:

If the screening tool identifies a person is eligible for adult social care support please complete the following personal details section.

Fair Access to Care Services: Eligibility Screening Person Details

This information will be used to make sure Kirklees Council provide you with help and support appropriate to your needs. It will not be used for any other purpose without your consent.

Personal details	
Name:	Date of birth:
Telephone number:	
Address (including postcode):	
E-mail address:	Gender: Male / Female
Preferred method of communication: <i>(include specialist support e.g. interpreter)</i>	
Details of the person making the referral if different from above:	
Name:	
Relationship to the customer:	Friend / Neighbour / Family Member / Professional
Address:	

Telephone number:		
Is the customer aware that this referral has been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been in contact or received a service from Kirklees Adult Services before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
We may need to contact your doctor, nurse or any other professionals who you are in contact with. Do you give permission for us to contact these professionals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Doctor:		

Please tell us about anyone else that lives with you and their relationship to you:

Please tick here if any of the people in your household are less than 18 years of age?

Other Relevant Information		
Do you have a next of kin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please write their contact details below		

These following questions are optional. It is a national requirement that we ask these questions as the information helps us improve equality. The information will be kept in confidence.

Sexual orientation:	Heterosexual / Gay / Lesbian / Bi-sexual / I do not wish to state
Ethnicity:	White British/ White Irish/ White Other/ Indian/ Pakistani / Bangladeshi / Asian Other/ Black Caribbean / Black African / Other Black / White and Black / White and Black African / White and Asian/ Other Mixed Background/ Chinese/ Other/ I do not wish to state

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