# **Short Breaks Self-Assessment Referral Form**

This self-assessment referral form is the first step, but if you think your child's needs require an assessment by one of our team you can let us know. If there is anything that you are unsure about, please contact the Short Breaks Team using the details below.

If you feel the outcome of the self-referral process does not meet the needs of your child and family in full, you can [request a further assessment](https://www.medway.gov.uk/info/200170/children_and_families/600/concerned_about_a_child/5).

Here you will be asked to select which of the following services you require:

* Early Help Assessment (EHA)
* 0-17 disability support (Child and Family Assessment)
* Safeguarding

If you wish to proceed with the short breaks self-assessment you will need to answer the question’s below with as much information as possible, as this is what determines your eligibility and budget.

## Contacting the Short breaks team

For general enquires regarding short breaks, please contact us on 01634 331351 or email sdsadmin@medway.gov.uk

If you need help completing the self-assessment form, please email Sbgrant.assessments@medway.gov.uk or call us on 01634 331351.

**Please send your completed application to** Sbgrant.assessments@medway.gov.uk.

## Information about the person completing this form

* Name:
* Address:
* Email:
* Home contact number:
* Mobile contact number:
* Relationship to child:
* Name:
* Address:
* Email:
* Home contact number:
* Mobile contact number:
* Relationship to child:

## Information about your child

* First same:
* Surname:
* Age:
* Date of birth:
* Ethnicity:
* First language:
* GP name:
* GP address:
* Lead consultant name:
* Lead consultant address:
* Does your child receive any other form of short break services or direct payments?
* If so please state.

## Your child’s needs

Please tell us the information to below to help us understand the needs of your child.

* Has your child been diagnosed with a disability? If yes, please list the diagnosis(s)
* Does the child have any health support needs? Please provide details:
* Is your child able to communicate verbally?
* Is your child trained in British Sign Language?
* Does your child use PECS or Makaton?
* Does your child walk unaided?
* Does your child have an EHC plan?
* Name of School
* Does your child receive 20+ hours of support in a mainstream school?

## Self-referral questions

The questions below are designed to help us understand your family's needs.

For each question, please type or write ‘Y’ for Yes or ‘N’ or No.

**Disability Living Allowance (or Personal Independence Payment)**

**Rate of DLA Care**

* High Rate
* Middle Rate
* Low Rate
* You do not receive DLA Care
* Your claim has recently been submitted

**Rate of DLA Mobility:**

* High Rate
* Low Rate
* You do not receive DLA Mobility
* Your claim has recently been submitted

**Rate** **of PIP Daily Living:**

* Enhanced Rate
* Standard Rate
* You do not receive PIP
* Your claim has recently been submitted or going through an appeal process

**Rate PIP Mobility:**

* Enhanced Rate
* Standard Rate
* You do not receive PIP

Your claim has recently been submitted or going through an appeal process

**2. Sleep**

* Does your child need support to settle at night?
* Is your child on medication to help sleep?
* Does your child need support during the night?
* Does your child follow a specialist programme to help sleep?
* Do they keep you awake throughout the night?
* Does your child require specialist equipment during the night?
* **Please expand on your answers above,** for example, *how does your child sleep? How many hours does your child usually sleep?*

**3. Social and Leisure Activities**

* Does your child access regular activities after school or at weekends?
* Does your child’s health/behaviour stop them from accessing an activity?
* Does your child need support to do an activity?
* Does your child need 1:1 support?
* Can you leave your child at an activity for a period of time and then pick them up afterwards?
* Do you avoid accessing social activities because of your child’s needs/behaviours?
* **Please expand and give reasons for your answers above:**

**4. Relationships**

* Does your child get on well with family members?
* Does your child meet up with friends on a regular basis outside of school?
* Does your child have friends outside of school?
* Do you feel your child is isolated within the family home?
* Are they able to maintain those friendships?
* Do you feel you child is isolated by other family members or friends of family?
* **Please expand and give reasons for your answers above:**

**5. Support from Family and Friends**

* Do you have support from family/friends on a regular basis to give you a break?
* Do you receive a regular support from other professionals?
* **Please expand and give reasons for your answers above,** for example, *are you able to leave your child with other family members or friends? How do your family/friends support you, in what way?):*

**6. Your Family**

* Do you feel supported by your family?
* Does your family understand your child’s diagnosis?
* Are you worried that there is a risk of a family breakdown?
* Do you find there is friction within the family home?
* Do you avoid seeing family because they don’t understand your child?
* **Please expand and give reasons for your answers above:**

**7. Personal Care**

* Does your child need support with personal care (e.g. help brushing teeth, help washing hair/body)?
* Do you mainly need to prompt/remind your child when it comes to personal care?
* Do you require help from health professionals to support your child’s personal care needs?
* Does your child receive funding, or do you pay anyone to help with personal care?
* Do you have family/friends that help you with personal care?
* Do you have involvement from O.T, CAMHS (NELFT), Speech and Language, or Child Therapy Team
* Does your child require specialist equipment?
* Does your child receive any other specialist support?
* **Please expand and give reasons for your answers above:**

**8. Behavioural issues**

* Are you able to access your local community?
* Are you able to take them shopping with you?
* Does your child have behavioural issues when accessing the community?
* Do you avoid going out to places at certain times of the day?
* Does your child have sensory difficulties that impact you when accessing the community?
* Do you require specialist equipment when accessing the community?
* Do you require extra support when accessing the community (e.g. need 2:1 support)?
* Are you able to access your local community?
* Are you able to take them shopping with you?
* Does your child have behavioural issues when accessing the community?
* Do you avoid going out to places at certain times of the day?
* Does your child have sensory difficulties that impact you when accessing the community?
* Do you require specialist equipment when accessing the community?
* Do you require extra support when accessing the community (e.g. need 2:1 support)?
* **Please expand and give reasons for your answers above:**

**9. About you**

* Does our child’s disability stop you from being able to access the community by yourself?
* Do you feel you isolate yourself from the community because you worry what other people think of you?
* Are you able to spend quality time with your partner and or other children in the house?
* Are you able to meet up with your friends?
* **Please expand and give reasons for your answers above:**

**10. Any Other Information**

* Does your child have any siblings?
* If yes, do they also have a disability?
* Please can you list their sibling’s diagnosis(s):
* Are they in receipt of DLA or PIP?

If there is any other, information about your child or family that you feel is important for us to know at this point, please tell us about it in the box below.

Thank you for completing the form.

**Please send your completed application to** Sbgrant.assessments@medway.gov.uk

We will contact you within due course to advise you of the outcome and what the next steps are.