

# DOWNHAM COTTAGE CARE FARM

## Care Farm Referral Form

### Referring organisations details

Please complete all sections of this form

Referral agency:	Date Form completed:	Date received (office use only)
Contact name for invoice:	Contact Number of referrer:	
Name of referrer:	Email Address:	
Address of referrer:	Position:	
Email:	Tel. No:	

### Potential Farm Helper Details

Name of person:	Gender M / F	Date of birth:
Address of person being referred:	Preferred Language	
	Disclosed disability Yes / No	
Home No:	Mobile No:	

### Farm Helper Information

What do you hope to achieve from attending Downham Cottage Care Farm?	
Will you bring your own support? Yes / No	
If not, what level of support do you think you need?	
How would you get to Downham Cottage – bus, lift, own vehicle, taxi?	
How will your placement be funded?	Do you have any special requirements/requests that we should know about?

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### Medical & Mental Health Information

Have you or has this person been diagnosed or is affected by any of the following (please circle any/all that apply)

Hearing impairment	Visual impairment	Physical difficulty
ADD/ADHD	OCD	ODD
Learning difficulty	(mild    moderate    severe)	
Autistic spectrum disorder	Downs Syndrome	Epilepsy
Asthma	Social and Emotional Difficulty	
Anxiety	Depression	Trauma/abuse
Eating disorder	Grief or loss	Bipolar disorder
Stress	Addiction	XYY Syndrome
Dyslexia	Dyspraxia	Dyscalculia

Allergies (please specify).....

Any other relevant medical information:

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### SUPPORT: Agencies Involved

Agency	Contact Person	Phone No:
Social Care Services		
Adult Mental Health		
Probation Service		
Early Intervention Team		
Medical		
DAT		
Other (please specify)		

**\* Please attach relevant reports/documents e.g. Current Care Plan and risk assessment**

**This information will be treated in the strictest confidence. We will be in touch as soon as possible to arrange a suitable time to meet us and visit the farm. If you have any further questions or concerns please feel free to contact us.**

**Please return the completed referral to:**

