

Tell us about the support you need

Easy-Read



Use our Self Directed Support Guide to help you with this form.

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What do some words mean?



Support coordinator This is the person who will help you with your form. They will know how to fill in the form. They might be a social worker or someone from social care.



Carers assessment Carers are people who look after you and do not get any money for it. These are usually family members or friends. They could apply to get some money for looking after you. The assessment would let them know if they could get any money.



Personal Budget This is the amount of money you will get to pay for your support. The money is given to you.

Indicative Budget This is the amount of money that you should get as your personal budget. The amount is not final so it could be changed.



Support plan A plan that you will write with your support coordinator. You will agree on how much support you will need in your life.



Financial assessment form This form helps the council work out how much you might pay towards your support. They will ask you how much you are getting in benefits or wages, and how much you pay out for things like food and bills.

Introduction



This form will help us to work out your **personal budget**. There are lots of questions in this form. The questions tell us how you live your life.



The questions ask you how much support you need and how you can be as independent as possible.



After you have answered the questions we will work out how much money you will get. The money you get will be your **personal budget**.



How to fill in this form

- Before you fill in this form you can read the booklet named ***Your Support, Your Way: A guide to Adult Social Care support in the London Borough of Richmond upon Thames.***



- Put one answer for each question. Answer all the questions.



- Someone can help you to fill in the form. Your **support coordinator** will talk to you about the questions. You can also speak to someone else if you want to, for example a family member.



- You should talk to your **support coordinator** about the support you need. If you don't agree with your support coordinator you can tell them this. You can also involve friends and family.
- If the amount of support you need changes through the year then write down what is the usual amount of support you need.



- If someone supports you who does not work for an agency, for example a family member, they can have a **carers assessment** to look at their needs.



After you have filled in the form

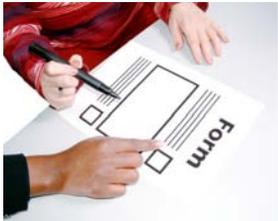
- Your **support coordinator** will tell you how much money you might get in your **personal budget**. This will be called your **indicative budget**.
- Once you have your **indicative budget** you will have to write a **support plan**. This plan will show how you will spend your money. Your support coordinator can help you with this.





Paying for support

Some people have to pay for their support. They might have to pay all of the money or they might have to pay some of it.



To find out how much you have to pay for your support you have to fill in a form. The form is called a **financial assessment form**. It will ask you lots of questions about your money. It will ask how much money you have and how much you spend.



The booklet ***Paying for non-residential adult social care services*** will tell you how we look at your money. You can also look on the internet at www.richmond.gov.uk_adult_social_care



About me

My name is:

I asked for this form because:

I need support with:

There are some things that work well and I would still like to do them. They are:

Some other things I would like to tell you about me are:



How I look after myself

This part of the form asks you about how you look after yourself. Things like getting in and out of bed, washing, dressing, going to the toilet, brushing your hair and shaving.



On the next page tick one box about looking after yourself. There is also a box where your support can tick what they think, and room for you both to explain more.



	What I think:	Support thinks:	Please explain:
a: I can do all of these things on my own.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support to look after myself.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I often need support to look after myself.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need support most days, or every day, with these tasks.	<input type="checkbox"/>	<input type="checkbox"/>	
e: I need a lot of support with these things (twice or more a day).	<input type="checkbox"/>	<input type="checkbox"/>	

How much support do you get now with your personal care needs?	All of the time	Most of the time	Some of the time	None of the time
This might be from family, friends, neighbours or equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this support carry on?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



My personal care needs during the day and/or night

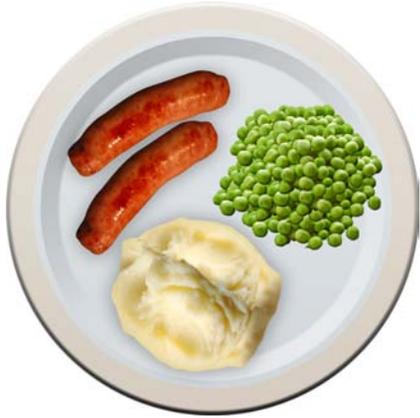
In the first question, if you ticked the box for b, c, d or e, we would like you to tell us about the amount of support that you need.

On the next page there is a box for the support you need during the day.

There is also a box for how much support you need during the night. If you do not need support, leave the next page blank.



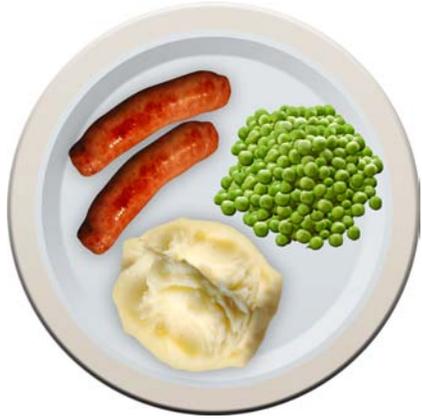
	What I think:	Support thinks:	Please explain:
a: During the day I need one support worker.	<input type="checkbox"/>	<input type="checkbox"/>	
b: During the day I need two support workers.	<input type="checkbox"/>	<input type="checkbox"/>	
c: During the night I need one support worker.	<input type="checkbox"/>	<input type="checkbox"/>	
d: During the night I need two support workers.	<input type="checkbox"/>	<input type="checkbox"/>	



Eating and Drinking

This part is about the support or encouragement you need to eat, drink and prepare your meals.

On the next page tick one box about eating and drinking. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think:	Support thinks:	Please explain:
a: I can eat, drink and make meals and hot drinks without support.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I can make snacks and drinks but need support with a hot meal. Or I can make meals if someone reminds me.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need someone to give me my meals. Or make all my meals. I don't need help to eat or drink.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need someone to give me my meals. Or make all my meals. I need someone	<input type="checkbox"/>	<input type="checkbox"/>	

to encourage and remind me to eat and drink.			
e: I need someone to give me my meals. Or make all my meals. I need someone to help me to eat and drink.	<input type="checkbox"/>	<input type="checkbox"/>	

How much support do you get now with eating and drinking? This might be from family, friends, neighbours or equipment.	All of the time	Most of the time	Some of the time	None of the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this support carry on?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		



Keeping safe

This part is about being able to keep yourself safe - keeping safe when you are at home, and safe when you are out and about.

On the next page tick one box about keeping safe. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think:	Support thinks:	Please explain:
a: I can keep myself safe without any support.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I often need support to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need support most days to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	
e: I need a lot of support to stay safe.	<input type="checkbox"/>	<input type="checkbox"/>	

	All of the time	Most of the time	Some of the time	None of the time
<p>How much support do you get now with keeping safe?</p> <p>This might be from family, friends, neighbours or equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will this support carry on?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Making choices in my life

This part is about who makes important choices in your life. Choices like where you live and who supports you.

On the next page tick one box about making choices. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I can make my own choices and ask other people if I need help.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I need some support with making choices.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need support to make an important choice.	<input type="checkbox"/>	<input type="checkbox"/>	
d: Other people make most of the choices about my life, or all of them.	<input type="checkbox"/>	<input type="checkbox"/>	

	All of the time	Most of the time	Some of the time	None of the time
<p>How much support do you get now with making choices?</p> <p>This might be from family, friends, neighbours or equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will this support carry on?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Difficult things for me and other people

This part is about difficult things for you or others, things that you do which make you less safe, or those around you less safe. This is about things like being forgetful, being very worried, or being angry.

On the next page tick one box about what sort of help you need with difficult things. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I don't need someone to support me with difficult things.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support with difficult things.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I often need support with difficult things.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need a lot of support with difficult things.	<input type="checkbox"/>	<input type="checkbox"/>	

	All of the time	Most of the time	Some of the time	None of the time
<p>How much support do you get now with difficult things?</p> <p>This might be from family, friends, neighbours or equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will this support carry on?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Communication

This part is about how you tell people what you want, and understand what others say to you. This is called communication. You might need help because you find things hard to understand, you have no speech or you can't hear.

On the next page tick one box about communication. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I can communicate without support.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need some support most of the time to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need support all of the time to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>How much support do you get now with communication?</p> <p>This might be from family, friends, neighbours or equipment.</p> <p>Will this support carry on?</p>	<p>All of the time</p> <p><input type="checkbox"/></p> <p>Yes</p> <p><input type="checkbox"/></p>	<p>Most of the time</p> <p><input type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p>Some of the time</p> <p><input type="checkbox"/></p>	<p>None of the time</p> <p><input type="checkbox"/></p>
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Friends and family

This part is about family and friends and staying in touch with them.

On the next page tick about what help you need to stay in touch with family and friends. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I don't need help to stay in touch with friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I do need some support to stay in touch with family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need support to stay in touch with family and friends, and want to make more friends.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I have no people around me and I need support to change this.	<input type="checkbox"/>	<input type="checkbox"/>	

	All of the time	Most of the time	Some of the time	None of the time
<p>How much support do you get now with keeping in touch with family and friends?</p> <p>This might be from family, friends, neighbours or equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will this support carry on?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Being part of my local community

This part is about how much you do in your local community. This might be things like going out to the library, meeting your friends, or visiting a place of worship, like a mosque, church or synagogue.

On the next page tick one box about being part of my local community. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I'm happy with what I do in my community. I don't need any support.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I need someone to support me so that I can do things in my community.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need a lot of support to do things in my community.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I feel alone and want to do things in my community, but I need a lot of support with this.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>How much support do you get now to do things in your community?</p> <p>This might be from family, friends, neighbours or equipment.</p> <p>Will this support carry on?</p>	<p>All of the time</p> <p><input type="checkbox"/></p> <p>Yes</p> <p><input type="checkbox"/></p>	<p>Most of the time</p> <p><input type="checkbox"/></p> <p>No</p> <p><input type="checkbox"/></p>	<p>Some of the time</p> <p><input type="checkbox"/></p>	<p>None of the time</p> <p><input type="checkbox"/></p>
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Work and Learning

This part is about work and learning new skills. This might be working, either paid or unpaid, or learning at college.

On the next page tick one box about work and learning. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I'm happy with my work and learning and I don't need support with this.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I'm busy with a job or learning new things. I need support to keep this going.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I have chances to work or learn new things. I need support to do more.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I do not have many chances to work or learn and need lots of support to start.	<input type="checkbox"/>	<input type="checkbox"/>	

	All of the time	Most of the time	Some of the time	None of the time
<p>How much support do you get now with working and learning?</p> <p>This might be from family, friends, neighbours or equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will this support carry on?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Looking after my home life

This part is about things you do to look after your home life such as shopping and cleaning or paying bills.

On the next page tick one box about looking after my home life. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I can manage all of my home life on my own.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support with my home life.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I often need support with my home life.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need support most of the time with my home life.	<input type="checkbox"/>	<input type="checkbox"/>	
e: I need a lot of support all the time with my home life.	<input type="checkbox"/>	<input type="checkbox"/>	

How much support do you get now with your home life?	All of the time	Most of the time	Some of the time	None of the time
This might be from family, friends, neighbours or equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this support carry on?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



Being a parent

This part is about being a parent and looking after someone else, such as a child. It also looks at what support you might need to do this.

On the next page tick one box about being a parent or carer. There is also a box where your support can tick what they think, and room for you to explain more.



	What I think..	Support thinks..	Please explain..
a: I am not a parent or carer, or I am able to be a parent or carer without support.	<input type="checkbox"/>	<input type="checkbox"/>	
b: I sometimes need support with being a parent or carer.	<input type="checkbox"/>	<input type="checkbox"/>	
c: I need quite a bit of support with being a parent or carer.	<input type="checkbox"/>	<input type="checkbox"/>	
d: I need support most of the time with being a parent or carer.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>e: I need support every day with being a parent or carer.</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>How much support do you get now with being a parent or carer? This might be from family, friends, neighbours or equipment.</p> <p>Will this support carry on?</p>	<p>All of the time</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Yes</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Most of the time</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>No</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Some of the time</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>None of the time</p> <p style="text-align: center;"><input type="checkbox"/></p>



My family carer or unpaid supporter

This part is for the person who looks after you. He or she is called **your carer**. This might be a family member or a friend.

If you do not tick box a) on the next page, **your carer** can tick one box about caring for you.



	What my carer thinks..	Please explain..
a: I do not have a carer.	<input type="checkbox"/>	
b: I can carry on with caring. This does not cause any problems.	<input type="checkbox"/>	
c: I have some difficulty caring. This has some effect on my daily life and causes stress.	<input type="checkbox"/>	
d: Caring has caused a lot of problems in my life, but I want to carry on.	<input type="checkbox"/>	
e: Caring has caused a lot of problems in my life and I cannot carry on doing this.	<input type="checkbox"/>	

I would like a carers assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
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The pictures in this form were from



The form was made into Easy Read by



Date _____

Signature _____

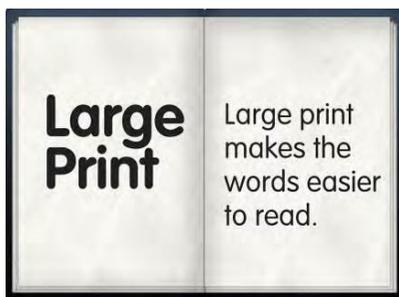
I filled this form in with support from: _____



Please contact us if
you need this leaflet
in Braille...

köszönöm !תודה *dėkuji*
mahalo 고맙습니다
thank you
merci 谢谢 *danke*
Ευχαριστώ شڪرا
どうもありがとう *gracias*

...or another
language



...large print



Phone:
0208 891 7971



...audio tape