

Conversation Record – What Matters to Me



Completed by	[]		Relationship to you	
Date filled in	[]	Last updated	[]	
About you				
Name	[]		Last name	[]
Preferred name	[]	Title	[]	Marital status []
Address	[]		Postcode	[]
Phone number	[]	Key safe No.	[]	NI number []
Date of birth	[]	Surgery	[]	
AIS number	[]	Language and communication needs	[]	
NHS number	[]	Email address	[]	
Ethnicity	select		Gender	[]
Primary Support Reason	[select]			
About who we should contact in an emergency				
If we need to contact someone in an emergency, please give their details				
First names	[]		Last name	[]
Address	[]		Postcode	[]
Contact number(s)	[]	Date of birth	[]	
Relationship to you	[]			
About who else is involved in your care and support				
Name and title		Reasons		
[]		[]		
[]		[]		
Please note if you have more than £23,250 in savings we are unlikely to be able to help you pay for support, but we are happy to assess you and offer advice. (This financial limit does not apply if we agree aids or equipment could help you).				

Helping you understand and express your views.

Are you able to express your views yourself?

Do you want or have someone (family/friend) who can help you express your views?

If no, would you like someone from the Independent Advocacy Service to support you?

Are there any concerns about your ability to make decisions?

Are there any expressed objections in relation to particular care decisions?

What was discussed?

What needs to happen now and who will do it?

Your records – Protecting your personal details

The Data Protection Act 1998 says we must:

- Only ask you for information that we need so we can help you
- Keep your information safe (on a secure computer system)
- Destroy your information when we have finished with it
- Show you and explain your information if you want to see it

We often need to share your information with other care and support organisations that we work closely with so that we can help support you. Because you, or someone on your behalf, have contacted us we will assume that you are happy for us to share your relevant information with any organisations that could meet your care and support needs.

If you would prefer that we did not share your information you will need to tell us in writing by completing the form on our information sheet **A9: Your records**.

If you choose not to share your information we may not be able to help you meet your needs, but we can provide you with information so that you can contact the relevant organisations yourself



Eligibility Decision Tool

Person's Details	
AIS Number:	
Name:	

Has a CHC checklist been completed or CHC been considered?	<input type="checkbox"/>
Is the person eligible for section 117 aftercare?	

Condition 1	
The person's needs arise from or are related to a physical or mental impairment or illness	<input type="checkbox"/>

Condition 2	
As a result of the person's needs they are unable to achieve two or more of the outcomes (tick outcomes person not able to achieve):	
Managing and Maintaining Nutrition	<input type="checkbox"/>
Maintaining personal hygiene	<input type="checkbox"/>
Managing toilet needs	<input type="checkbox"/>
Being appropriately clothed	<input type="checkbox"/>
Being able to make use of the adults home safely	<input type="checkbox"/>
Maintaining a habitable home environment	<input type="checkbox"/>
Developing and maintaining family/ personal relationships	<input type="checkbox"/>
Accessing and engaging in work, training education and volunteering	<input type="checkbox"/>
Making use of necessary facilities in the local community including public transport and recreational facilities and services	<input type="checkbox"/>
Carrying out any caring responsibilities the adult has for a child	<input type="checkbox"/>

Condition 3	
As a consequence there is, or is likely to be, a significant impact on the person's well-being (tick relevant areas):	
Personal dignity including respect	<input type="checkbox"/>
Physical and mental health and emotional wellbeing	<input type="checkbox"/>
Protection from abuse and neglect	<input type="checkbox"/>
Control by individual over day to day life	<input type="checkbox"/>
Participation in work education training and recreation	<input type="checkbox"/>
Social and economic wellbeing	<input type="checkbox"/>
Domestic, family and personal relationships	<input type="checkbox"/>
Suitability of living accommodation	<input type="checkbox"/>
The individual's contribution to society	<input type="checkbox"/>

Decision			
Eligible (meets all 3 conditions)	<input type="checkbox"/>	Not Eligible	<input type="checkbox"/>

Carers Eligibility	
As a consequence of providing necessary care to an adult, and the carer is unable to achieve the following (tick relevant areas):	
The carers physical: or mental health is, or is at risk of, deteriorating	<input type="checkbox"/>
Carry out any caring responsibilities the carer has for a child	<input type="checkbox"/>
Provide care to other persons for whom the carer provides care	<input type="checkbox"/>
Maintain a habitable home environment	<input type="checkbox"/>
Managing and maintaining nutrition	<input type="checkbox"/>

Developing and maintaining family or other significant personal relationships	<input type="checkbox"/>
Accessing and engaging in work, training, education or volunteering	<input type="checkbox"/>
Making use of necessary facilities or services in the local community including recreational facilities or services	<input type="checkbox"/>
Engaging in recreational activities	<input type="checkbox"/>

Social Care worker completing Eligibility Decision Tool	
Name of Worker	
Role	
Date	