



Householder name:		DOB:	
Address:		Postcode:	
Telephone no:		Email:	
Alternative contact details.		Completed by	

**SAIL referrals need to be made via the Your Care Your Support portal and a Data Information Sheet needs to be left with the client. If completing on paper the results of the questions will then need to be entered onto the portal at: <https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/safe-and-independent-living> Please make sure the client is aware of this.**

Security and Safety	
Would you like advice and practical help to make sure that your home is as secure as possible? ( <i>Wiltshire Bobby van</i> )	Yes / No
Have you been a victim of crime or anti-social behaviour in the last 12 months? ( <i>Victim Support</i> )	Yes/No
Do you find it difficult to keep your garden tidy? ( <i>Age UK Wiltshire</i> )	Yes /No
Are you concerned about traders who call at your home asking to do work on your home or garden? Are you concerned about scam emails and letters?( <i>Wiltshire Council Trading Standards</i> )	Yes/No
Would you like a Home Fire Safety Check? Do you need working smoke detectors? ( <i>Dorset and Wiltshire Fire &amp; Rescue Service</i> )	Yes / No
Health and Wellbeing	
Would you like to learn more about what equipment is available to help you live independently ?( <i>Medequip</i> )	Yes /No
Have you had a fall in the last three months and not seen a healthcare professional? <i>Encourage client to self refer to G.P</i>	Yes / No
Would you like support for a hearing or visual impairment? ( <i>Referral to hearing and vision team</i> )	Yes /No
Do you care for a relative or friend in an unpaid role who couldn't manage without you , would you like more information about support available for carers ( <i>Carer support Wiltshire</i> )	Yes/No
Would you like information and advice about keeping healthy and well? (health trainers can help you to stay healthy through exercise, reducing the amount you smoke/drink)	Yes / No
Do you feel lonely or isolated? – would you like to know about what's going on near you that might help? e.g. lunch clubs, social activities, exercise classes, educational courses ( <i>Age UK</i> )	Yes / No
Would you like more information about what care and support might be available to help you to live as independently as possible? ( <i>Wiltshire Council Customer Advisors</i> )	Yes / No
Living Conditions	
Do you have any difficulties using bath/toilet/kitchen facilities? Or difficulties getting in and out of your home, or using the stairs? ( <i>Wiltshire Council Customer Advisors</i> )	Yes / No
Would you like advice about keeping warm, saving energy, and the grants available to help with heating and insulation? <i>Warm and Safe</i>	Yes / No
Income and Finance	
Would you like someone to help check that you are receiving all the income that you are entitled to? <i>Age UK money advise service</i>	Yes / No
Are you having trouble paying your bills? <i>Warm and Safe</i>	Yes/No
Remarks	

**Important, please read to customer** – Where you have indicated 'yes' above you are consenting to this information being shared with the named partner organisations who deliver additional support to you. By signing this form you are giving your consent for this in accordance with the General Data Protection Regulations 2018. A Data Information Notice is supplied on behalf of Wiltshire Council (who administer SAIL) detailing how your data will be used once this information has been transferred onto the Your Care Your Support portal.

Signed (Customer)

Date

Are you willing to be contacted to provide feedback

Yes/No