

Initial assessment and contract

Bodi Morse
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 Seaford BN25 2RS
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Date Time.....am pm

Client.....

Smoker? Yes No

Please Note that whist support is be being given smoking is not permitted.

Client Details					
Mrs Mr etc	First name	Surname	Preferred Name	DOB	Sex
					M F
					M F
Client Address					
Name No	First Line	Second line	Town	County	Post Code
Phone No	Mobile No	Email	GP	GP Number	
		@			

Client NOK Details					
Mrs Mr etc	First name	Surname	Preferred Name	Relationship	Sex
					M F
					M F
Client NOK Address					
Name No	First Line	Second line	Town	County	Post Code
Phone No	Mobile No	Work No	Email		
			@		

Care Agency details					
Name	First Line	Second line	Town	County	Post Code
Contact 1 st name	Contact 2 nd name	Office No		Email	
				@	

Client Special Requirement Details			
Area	Issue	Severity	Required Action
Sight			
Mobility			
Physical			
Hearing			
Language			
Mental Capacity			

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Medication			
Allergies			

Support Requirement Details					
Area	Code	?	Frequency	Risk	Risk Action Plan
Hoovering	A				
Dusting	B				
Laundry	C				
Ironing	D				
Food Preparation	E				
Sweeping In	F				
Sweeping Out	G				
Gardening	H				
Toilets	I				
Making Bed/s	J				
Emptying Bins	K				
Feeding Pets	L				
Washing Up	M				
Curtains	N				
Shopping	O				
Payment of Bills	P				
Chaperone	Q				
Meds Reminder	R				
	S				
	T				
	U				
	V				
	W				
	X				

Agreed hours of support

Day	?	AM Hours	PM Hours	Duties
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Agreed Payment Terms.

All payment to be made by cash or cheque payable to You Next Ltd at the end the last support session of each week.

Agreed number of hours per week= @ £12 per hour = £..... Sundries agreed at cost.

Agreed hours will be adhered to in all cases subject to circumstances beyond our control where you will be contacted at the earliest convenience to inform you of any delay in support.

I hereby declare that the information provided above is correct and I accordingly grant 'Home Help for You' permission to use any of the details above (in it's provision of support services to me) in case of any kind of emergency or situation they deem appropriate to use this information to better my safety and wellbeing.

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Client Name: Print Client sign Date:.....

For HHFY: Print HHFY sign Date:.....