

The Silver Line referral criteria

All referred individuals must:

- be over the age of 55
- be isolated and/or lonely

We will accept referred individuals into our service if:

- we have assessed them as benefitting from the service
- we believe that we will not cause more harm than good
- they have the ability to commit to The Silver Line boundaries
- they have the ability to commit to Friendship service guidelines

This service is provided within the framework of a continuing assessment and consultation process, in order to reflect a person's changing needs. The Silver Line retains the right not to provide the service in cases where it considers that it will not be able to meet a person's needs.

Referral guidelines

- In order to process a referral, we will need to contact the person during our office hours: Monday–Friday, 9am–5pm.
- Please note: we are not a face-to-face befriending service.
- To process a referral, we will need to speak directly to the person being referred.
- If we are unable to make contact with the person over a three-week period, on different days and times, we will close the referral.
- We respect people's autonomy, so if our service is declined, we will close the referral.
- We will only provide an update to referrers when we know the outcome of a referral.
- If a password is required to open a referral email, the correct password must be sent immediately, or we will be unable to process the referral.
- Please note that once we are in touch with the individual directly, we will not share any information with you, the referrer, without their permission. This will be a confidential relationship between The Silver Line and the person referred.

The next step...

Please return this form to:

The Silver Line Helpline, Trade Tower, Calico Row, LONDON SW11 3YH

Email to: referrals@thesilverline.org.uk

Have you obtained agreement to this referral and to the sharing of information with The Silver Line?

Yes No (This is required prior to any referral being made)

Have you read the referral criteria and guidelines?

Yes No (See page 1)

Referrer's details

Referred by: Date of referral: / /

Telephone No.:

Email:

Relationship:

Personal details

Title: Mr Mrs Miss Ms Other

Full name:

Address:

Postcode:

Telephone No.:

Mobile No.:

Date of birth: / /

Email:

Emergency contact details:

Please indicate if they block withheld numbers: Yes No

Background information

General health: Very good Good Fair Bad Very bad

Please tick all applicable boxes:

Lives alone Housebound No social or family contacts Sensory impairment

Physical disability Learning disability Cognitive loss Has carers Is a carer

Referral Team will call Mon-Fri, 9am-5pm, permission to:

• Leave voicemail or speak to third party? Yes No

• Send out Silver Liner Information Pack? Yes No