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| **New Application**  **Yes/No** | **SECTION 117**  **FUNDING APPLICATION** | | **Existing Patient**  **Yes** | |
| **PATIENT NHS NUMBER:**  **CCG ID:** |  | **DATE OF APPLICATION:** |  | |
| **DIAGNOSIS:** |  | **GP DETAILS/CCG:** | |  |
| **AGE:** |  | **RECOMMENDATION**  **NURSING HOME/RESIDENTIAL/**  **SUPPORTED LIVING/ OTHER:** | |  |
| **COST (DAILY/WEEKLY OR MONTHLY AND MATRIX SCORE:**  **ASSESSMENT ONLY:**  **ASSESSMENT AND TREATMENT:**  **TOTAL COST:** |  | **CURRENT PLACEMENT i.e. home/Hospital/delayed or discharge**  **FUNDING STATUS:** | |  |
| **NAME OF ASSESSOR/CARE CO-ORDINATOR:** |  | **MANAGER’S SIGNATURE:** | |  |
| **GENDER:** |  | **TEAM RESPONSIBLE:** | |  |
| **ETHINICITY:** |  | **LEGAL STATUS SECTION:** | |  |
| **Reason for Application, Summary of Needs and Justification for Funding split:**  This information needs clearly show the health and social care interventions, i.e. number of qualified Nurses or Healthcare staff | | | | |