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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 |