



Kent Community Warden Service
Ashford – Swale Team

KCWS Request for Assistance (RfA)

Personal details of client being referred	
Name*:	NHS number (if known):
Address*:	
Postcode*	Tel no:
Date of birth:	SWIFT/ID number:
Next of kin / Carer contact information:	GP Surgery:
Has the person(s) consented to the referral including the sharing of information via this form?	

Reason for referral / supporting evidence* - specific details regarding individuals' need / areas of concern	
Is the referral urgent? Yes / No	If yes, state reason:

Are there any known risks to a lone Community Warden?	If yes, please provide details:
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Contact details for referring agency	
Name of agency*:	Responsible person / case worker:
Address:	
Email*:	Telephone number:
Date of referral*:	Is feedback required? Yes / No
Your reference for this referral*:	

Which other agencies are / have been involved (inc. point of contact details).

PRIVATE AND CONFIDENTIAL

Name of agency*:	Responsible person / case worker:
Email*:	Telephone number:

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Email*:	Telephone number:

What actions or results would you like to see from this referral?

Fields marked * are mandatory.

OFFICE - Completed by:

Summary of Actions / Outcomes:
<ul style="list-style-type: none"> • X • X • X

Feedback to Referring Agency: Y / N	Date:
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Completed forms should be sent by secure email to Adam Mckinley KCWS **Team Leader:**
Ashford- Swale for assessment: adam.mckinley2@kent.gov.uk