

**SummerCare**  
**Enquiry for services**

**Person making enquiry**

\*Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\*Telephone: \_\_\_\_\_

Relationship to Service User: \_\_\_\_\_

**Enquiry regarding**    Residential Care    Day Service    Supported Living    Community Support/  
Domiciliary Care    Brokerage    Other (please specify)

**Service User**

Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Does the service user have a social worker? If so, please say who they are and in which team they are based:

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please return to**    Central Office, 38 /40 Ceylon Road, Westcliff on Sea, Essex SS0 7HP

Tel: 01702 343 062  
contact@summercare.org

Fax: 07092 039 258  
www.summercare.org

**For office use only:**

Date form received:

Date entered into system: