

**Schedule of Services provided for Financial Year 2017 – 2018**

Date:

To: North Somerset Shared Lives  
 Post Point 10 (CTPLD)  
 Castlewood  
 Tickenham Road  
 Clevedon  
 BS21 6FW

From:   
 Name:   
 Address:

E-mail to:  
[sharedlives@n-somerset.gov.uk](mailto:sharedlives@n-somerset.gov.uk)

PERIOD 12 JAN - FEB		January														February													
Service User Initials and ID Number	Type SB / DS	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F
		13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9

(SB) Short Breaks - Please place a tick (✓) for each night a person has stayed.	FOR OFFICE USE ONLY		
(DS) Day Support - Please state the number of hours provided.	Date Received	Verified By	Date Processed
For guidance on completion of this form please speak to your Shared Lives Co-ordinator or telephone 01934 427600			