

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you.

Please complete this form and hand it in to reception.

If requested, we will pass your details to Help and Care, which is a local organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We will also refer you, at your request, to have your needs assessed by Social Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also looks at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Type of care provided	

DETAILS OF THE PERSON YOU LOOK AFTER

Name	
Date Of Birth	
ADDRESS (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
GP Details (If Different From Your Own)	

Please pass my details to Help and Care

Please refer me to Social Services for a Carers Assessment

Thank you for completing this form