

**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**

If you feel that you need support, please complete this form and hand it in to reception.

We will refer you, with your permission, to have your needs assessed by Adult Care Services. A Carer’s 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 |  |
| Any relevant information |  |

**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 refer me to Adult Care Services for a Carers Assessment

**Thank you for completing this form**