**If you’re a Carer who helps & supports someone who can’t manage on their own, we want to ensure YOU get all the support YOU need.**

**To be able to do this, we need to know certain facts about your caring situation, as listed in the form overleaf. Please complete this form and hand it back into reception. If you are agreeable, we will pass your details to the Carers Link Service, a countywide organisation providing relevant information and advice, local support services, newsletter, and telephone link line for carers. This service will also be able to refer you to Adult Social Care for Carers’ Needs Assessment (see below).**

**Carers Needs Assessment There is no charge for this, and it’s your chance to discuss your role as a Carer and what help you may need to:**

* **Support you as a Carer,**
* **Maintain your own health**
* **Balance caring with other aspects of your life, like work and family, looking at both your current and future needs. It’s NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a carer.**

**As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.**

***https://www.carerslinklancashire.co.uk/register-as-a-carer***

# Carer’s Identification & Referral Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | |  | |
| **Your Details** | | | | | |
| **Name** | |  | | | |
| **Address** | |  | **Date of Birth** | |  |
| **Home Phone** | |  |
| **Post Code** | |  | **Mobile Phone** | |  |
| **Any Relevant Information** | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of The Person You Care For** | | | |
| **Name** | | | |
| **Address** | | **Date of Birth** |  |
| **Home Phone (If different)** |  |
| **Post Code** | | **Mobile Phone**  **(If different)** |  |
| **GP details**  **(If different)** | | | |
| **Do They Have…** | **Please Tick All That Apply** | | |
| **Alcohol or Drugs Problems** | **☐** | | |
| **Dementia** | **☐** | | |
| **Learning Disability** | **☐** | | |
| **Mental Health Illness** | **☐** | | |
| **Physical Disability** | **☐** | | |
| **Sensory Impairment** | **☐** | | |

**☐ Please tick the box if you would like your details to be passed onto the Carer’s Link Service**

**Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please complete this form and hand into a member of staff at reception***

***Thank you for completing***