**York Carers Centre Referral Form**



York Carers Centre supports carers who live in York or care for someone who lives in York. Please complete page1 - 2 for basic registration, 1- 4 if you would like a Carers Assessment of Need. When you register with us, you will be sent an Information Pack which explains about our services.

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| **Information about you the carer:** |
|  **Name:** **Address:** **Telephone:****Mobile:** **Email:****Date of Birth:****Gender:** **GP Name and Address:** **Are you in:** [ ]  Full time employment [ ]  Part time employment [ ] Voluntary work[ ]  Other - please give details: |
|  **Information about the person you care for:** **Name:****Date of Birth:****What is your relationship to the person you care for?**[ ] Spouse or Partner [ ] Friend [ ] Child [ ]  Parent [ ] Other Relative [ ]  Neighbour **Do they live at the same address as you?** Yes [ ]  No [ ] Address if different to yours: |
| **What is the primary reason for their needing care or support from you?** [ ]  Physical- Long Term Health Condition  [ ]  Frail Elderly  [ ]  Learning, Developmental or Intellectual  Disability  [ ]  Sensory Impairment Visual [ ]  Dual sensory impairment [ ]  Other:  [ ]  Neurological- Long Term Health  Condition  [ ]  Dementia  [ ]  Mental Illness  [ ]  Sensory Impairment Hearing [ ]  Substance Misuse **Please give a brief outline of how your caring role affects you:** |
| **Do you provide care and support for more than one person**  Yes [ ]  No [ ] If Yes, please tell us about second person on page 5. |
| **What would be your preference in terms of support:**[ ]  Newsletter only [ ]  Benefits advice[ ]  Peer groups/hubs/events [ ]  Email support[ ]  Telephone support [ ]  Face to face support (Home/ office visit)  | [ ]  Benefits advice[ ]  General advice [ ]  Carers Assessment of Need[ ]  Planning for an emergency (CEC)[ ] Other support (please state below) |
| **How did you hear about York Carers Centre:**[ ]  York Carers Centre leaflet or poster ☐ Event/support group [ ]  GP surgery [ ]  Other health worker / hospital [ ]  Web search (for example, Google) [ ]  Twitter or Facebook [ ]  Friend or relative   | [ ]  Event/support group[ ]  Article in a newsletter/newspaper [ ]  City of York Council ☐ Job Centre Plus [ ]  Other (please say how below)  |
| **Name and contact details of person completing this form:** **If professional, name of organisation: Job Title:** |
|  **Information required if asking for a Carers Assessment of Need:** For more information, a Carers Assessment of Need factsheet is available in our information pack or on our website [www.yorkcarerscentre.co.uk](file:///%5C%5Cyc-dc01%5Cusers%24%5Cemma.keef%5CDesktop%5Cwww.yorkcarerscentre.co.uk). Please complete these pages if you would like to request an adult Carers Assessment of Need. The carer and person cared for must be over 18.  |
| **Consent for sharing information**I understand that information on this form will be used to assess my need for help advice and support and to manage and plan services for me now and in the future. I understand that CYC and York Carers Centre will only share the information provided by me with other organisations and/or the person or people I care for, on a need to know basis in order to provide me with help and support. All information will be held in accordance with the Data Protection Act 1998. I understand that I have a right to see information held by CYC and York Carers Centre about me at any stage.Do you consent to this?Yes [ ]  No [ ] Name: Signature: |
| **Supporting the person you care for:**I am providing care and support that is “necessary” as the person I care for is not capable of meeting these needs themselves. Yes [ ]  No [ ]  Do you provide help with any of the following? Tick all the boxes that apply.[ ]  Washing/dressing[ ]  Domestic support[ ]  Mobility/transport[ ]  Meal preparation/help with eating/drinking [ ]  Help with using the toilet [ ]  Supervision/emotional support/prompting/guidance [ ]  Support with medication/health needs [ ]  Support with finances/correspondence [ ]  Developing and maintaining family or other personal relationships [ ]  Helping with caring responsibilities the adult has for a child[ ]  Accessing and engaging in leisure activities/work/education/volunteering or community facilities **Additional details: (Please give an indication of frequency of support you provide?)****Does the person you look after receive any other support and if so, please provide details (e.g. social worker or care manager, paid carers, sitting services, equipment, friends, family etc.)**Yes[ ]  No[ ] Details:If social care assessment required, please signpost carer to CYC Customer Access and Assessment Team: 01904 555111. |
| **What would be your preference in terms of method of carers assessment:**Depending on your circumstances, and if you request a face to face visit, your carers assessment may be completed with a Carers Support Worker from either York Carers Centre or City of York Council. Alternatively you can complete your own carers assessment by visiting our website: [www.yorkcarerscentre.co.uk](http://www.yorkcarerscentre.co.uk) . There is also a factsheet and guidance available.[ ]  Self Assessment online (please visit website)[ ]  Self Assessment via post (we will send the form and guidance to you)[ ]  Supported Assessment via phone (we will contact you to arrange a telephone appointment)[ ]  Supported Assessment in person (we will contact you to arrange a visit at a place of your choice) |
| **Any other information:**  |
| **Please return this form to:**York Carers Centre17 Priory StreetYork YO1 6ETEmail: enquiries@yorkcarerscentre.co.uk Tel: 01904 715490  |

   

**Company Registration Number:** 06760783 **Charity Registration Number:** 1127644

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| **Information about the second person you care for** |
| **Name:****Date of Birth:****What is your relationship to this person you care for?**[ ] Spouse or Partner [ ] Friend [ ] Child [ ]  Parent [ ] Other Relative [ ]  Neighbour **Do they live at the same address as you?** Yes [ ]  No [ ] Address if different to yours: |
| **What is the primary reason for their needing care or support from you?**(Please tick one box only) [ ]  Neurological- Long Term Health  Condition  [ ]  Dementia  [ ]  Mental Illness  [ ]  Sensory Impairment Hearing [ ]  Substance Misuse  [ ]  Physical- Long Term Health Condition  [ ]  Frail Elderly  [ ]  Learning, Developmental or Intellectual  Disability  [ ]  Sensory Impairment Visual [ ]  Dual sensory impairment [ ]  Other**Please give a brief outline of how your caring role affects you:** |

   

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