

# Carers Initial Assessment

**This is your assessment.** It will give you an opportunity to think about the unpaid care that you provide to a friend or relative and what help or support you might need to continue in your caring role, if you wish to do so. It's aim is to find out what impact your caring responsibilities have on your life and how you can be provided with appropriate support.

It is not about judging your ability or the way you provide care. It will be used to identify your needs and will help the local authority ascertain whether a full Statutory Carers Assessment is required. You also have the right to request a full Statutory Assessment from the local authority at any time. When you have completed this form, we will process it, provide you with a copy and will contact you to let you know what help might be available to you.

To be completed over the telephone, or face to face.  
completed:

Date

Your Details			
<b>Name</b>		<b>Date of Birth</b>	
<b>Address and postcode</b>			
Contact details			How would you prefer to be contacted?
<b>Telephone Number</b>			

<b>Mobile Number</b>		
<b>Email Address</b>		
<b>Do you have any Communication needs?</b>		

<b>Details of the person you care for</b>			
	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>
<b>Name</b>			
<b>Age</b>			
<b>Address (<i>if different from above</i>)</b>			
<b>Relationship to you</b>			
<b>What is their disability/illness?</b>			
<b>Do they have any care services in place?</b>			

**Tell us about your caring role?**

**What would you like to achieve in your daily life, and how does caring affect this?**

**Is your caring role having an impact on your physical, mental health and wellbeing? If so, how?**

**What would affect your ability/willingness to continue caring?**

**Support Services / Next Steps**

		Date/Time	Comments/suggested support
General information and advice	<input type="checkbox"/>		Carers Emergency Card – Groups/Virtual Groups/support walks/Newsletter -
Referral to Carers Together	<input type="checkbox"/>		Counselling – Legal Clinic -
Referral to R&C/Midd MIND	<input type="checkbox"/>		
Referral to Adult Social Care	<input type="checkbox"/>		ASC - Full CA -
Referral to The Junction (Young Carers Support)	<input type="checkbox"/>		
Other services (Please state	<input type="checkbox"/>		

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**Details of person making referral**

<b>Name:</b>		<b>Organisation:</b>	
<b>Telephone No.</b>		<b>Email:</b>	

**Data Sharing**

**Information contained within this form may be shared between Carers Together and Redcar & Cleveland Borough Council and Middlesbrough Council for the provision of Carer Support Services, as indicated in the Support Services/Next Steps section above.**

**Carer has been made aware that their data may be shared (GDPR Article 6 (1)(e))**

Yes   
No