

Office use only

Date referral received

Date case opened

Area

Carers aged 16 – 25**Section A – The Carer**

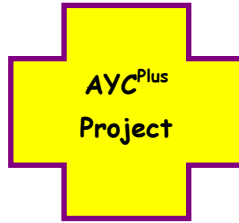
Name	Date of birth
Address	Sex
	Language spoken
Postcode	
	Language written
Telephone number	
	Communication needs (if any)
E-mail address	

Carer's role (please tick)

Practical	<input type="checkbox"/>	Personal	<input type="checkbox"/>	Combination	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	Physical	<input type="checkbox"/>		<input type="checkbox"/>
Brief Description					

Carer's Current Status (please tick)

In education	<input type="checkbox"/>	Full-time	<input type="checkbox"/>
Employed	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>		<input type="checkbox"/>



Section B – Person cared for

Name	Date of birth
Address (if different from page 1)	Sex
	Language spoken
Postcode (if different from page 1)	
	Language written
Telephone Number (if different from page 1)	
	Communication needs (if any)
E-mail address	
Relationship to carer	

Condition/circumstances



Section C – The Household

Family GP

Name of practice	GP name
Address	Telephone

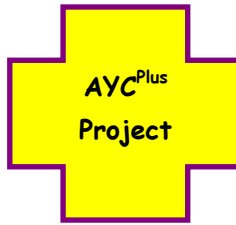
Household Dynamics

Name	Relationship	Date of birth	Tick if also carer

Other agencies involved (ie Social Worker, Connexions)

Name	Team	Telephone number

Office Use Only



Section D – Referrer

Name			
Agency/Team Name			
Address			
Telephone			
E-mail			
Signature		Date	
Is the Carer aware of this referral?	Yes/No		
Is the Cared for person aware of this referral?	Yes/No		
Confidentially, do you know of any reason that a worker should not go to the home alone?	Yes/No		
If yes, please give brief details of why			

If there is more than 1 Carer aged between 16 – 25 years old in the family please photocopy page 1 (Section A) for each additional carer.

If there is more than 1 Cared for person in the family please photocopy page 2 (Section B) for each additional cared for person.

Please complete this form as fully as possible

Please return to

AYC^{Plus}
Morgan House
Gilbert Drive
Boston, Lincs, PE21 7TR
(01205) 358834



CARERS FEDERATION
LIMITED