**Carer’s Assessment Form – Initial or Review**

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| **Personal Information** | | | | | |
| Name: |  | **Address:** |  | | |
| Telephone No: |  |
| Date of Birth: |  |
| Ethnicity: |  |
| Language: |  | *Next of Kin contact details:* |  | | |
| Next of Kin: |  |
| EMIS No: |  |
| Azeus No: |  |
| Is a translator required? | | **Yes** |  | **No** |  |

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| **Assessment Details** | |
| Responsible Assessor: |  |
| Responsible Team: |  |
| Date & Time of Assessment: |  |

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| **Consent** | | | | |
| Is the adult considered to have Mental Capacity to consent to this assessment? | **Yes** |  | **No** |  |
| If not possible to gain written consent, has the person verbally consented to this assessment? | **Yes** |  | **No** |  |
| Please record date and time verbal consent provided: | **Yes** |  | **No** |  |
| *If it is considered the person LACKS capacity to consent to the assessment process please complete and document the Mental Capacity Assessment and Best Interest Decision making process.* | | | | |
| Has consent for the assessment process been made on a Best Interest basis? | **Yes** |  | **No** |  |
| Please provide details: | | | | |
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| Do you require an advocate? | **Yes** |  | **No** |  |

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| **Referral Information** | | | | | | |
| Name of referrer: | |  | | | | |
| Role / Relationship: | |  | | | | |
| Team: | |  | | | | |
| Contact information: | |  | | | | |
| Reason for referral: | |  | | | | |
| **Cared For Persons Details** | | | | | | |
| Name: |  | | **Address:** |  | | |
| Telephone No: |  | |
| Date of Birth: |  | |
| Ethnicity: |  | |
| Language: |  | | *Next of Kin contact details:* |  | | |
| Next of Kin: |  | |
| EMIS No: |  | |
| Azeus No: |  | |
| Is a translator required? | | | **Yes** |  | **No** |  |

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| **Your Information** |
| **Caring role** |
| *Please give details of the care and support you provide in your caring role currently (giving examples of the necessary care you give because the person you care for is unable to do some things themselves):* |
| **Outcomes** |
| **Carrying out any caring responsibilities the carer has for a child** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Providing care to another person for whom the carer provides care** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Maintaining a habitable home environment in the carer’s home, whether or not this is also the home of the adult needing care** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Managing and maintaining nutrition** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Developing and maintaining family or other personal relationships** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Engaging in work, training, education or volunteering** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Making use of necessary facilities or services in the local community, including recreational facilities or services** |
| *Please give details and include any difficulties you experience or help you might need:* |
| **Engaging in recreational activities** |
| *Please give details and include any difficulties you experience or help you might need:* |

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| **Eligibility** | |
| *Person’s eligibility*: The threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. Indicate below that the person meets the following criteria: | |
| **Condition One:** Do the needs arise because the carer is providing necessary care and support? |  |
| **Condition Two:** Is the carer’s physical or mental health affected or at risk of deteriorating, or is the carer unable to achieve any of the listed outcomes? |  |
| **Condition Three:** As a consequence of being unable to achieve these outcomes there is an overall significant impact on their wellbeing. |  |
| **Eligibility Summary** | |
| **Assessment of risk should be included within the Assessors Summary.**  *Consider whether the carer would benefit from the provision of prevention services; information and advice or anything which might be available in the community. (Assessment and Safeguarding of Adults Ordinance 2020 s7).* | |

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| **Agreed Actions** | | |
| **Action** | **Team / Worker Responsible** | **Date Achieved** |
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| **Signatures** | |
| **Person’s signature** | |
| **Declaration**  In signing this form, I agree that it is an honest view of my current situation and the support I need in my role as a carer. I understand that personal information gathered about me, and the care arrangements that arise from it, may need to be shared with other departments and that this departments may hold both paper and electronic records. | |
| Signature: | Date: |
| Print name: | |
| **Representative’s signature** | |
| **Declaration**  In signing this form, I agree that it is an honest view of the carer’s current situation and they need in their role as a carer. I understand that personal information gathered, and the care arrangements that arise from it, may need to be shared with other departments and that those departments may hold both paper and electronic records | |
| Signature: | Date: |
| Print name: | |
| **Assessor’s signature** | |
| **Declaration**  In signing this form, I agree that this is a true reflection of the carer’s current situation. | |
| Signature: | Date: |
| Print name: | |