**Carer’s Form**

**Carer’s Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you a registered carer or in receipt of carers allowance?

 **Yes**, and I can provide proof

*You do not need to complete this form. Please attach proof to this form and you will be added to our Carer’s Register*

**No**

Please complete all the questions below. This will be looked at by our clinical team and if you are deemed to be a carer, you will be added to our Carer’s Register.

Have you previously had a carer’s assessment by Social Services? **Yes No**

Please provide details of the **care you provide** and **how many hours** of care you provide each week.

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**Details of person cared for**

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medical condition/s does this person have which means they require care?

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Are there any other care agencies involved in this person’s care? If yes, please give details.

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Do they receive any financial support for their care? If yes, please give details.

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**Support for Carer’s**

Do you know Crossroads provides various forms of support for carers and if you care for a person with Dementia you can receive specific support from their Carer’s Resilience Service. For more information please contact their office on 01709 360272 (Crossroads) or 01709 464574 (Carer’s Resilience). Alternatively, you can email info@crossroadrotherham.co.uk or visit their website www.crossroadsrotherham.co.uk