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| See the source image |

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| Office Use/Details | | | |
| Start Date: | (DD/MM/YYYY) | **Centre Name:** | Choose an item. |
| YCS Declined? | Choose an item. | **Referrer:** | Choose an item. |
| Assessment Type | Choose an item. | **Responsible Authority** | Choose an item. |

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| Person Details | | | |
| Name: |  | **CareFirst ID/CHI:** |  |
| DoB: |  | **Gender:** Choose an item. | **Ethnic Group:** Choose an item. |
| Address:  Post Code: |  | **Tel No:** |  |

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| Summary of My Cared for Person’s Situation |
| Has agreement been given to provide information about the cared for person? Choose an item. |
| Has the cared for person had an assessment? Choose an item. Cared for person I.D/CHI: ( specify if known) |
| Cared for person’s age. Choose an item. |
| Cared for person’s gender. Choose an item. |
| Cared for person’s Ethnic group. Choose an item. |
| Are you living with the cared for person? Choose an item. |
| Main client group of Cared for Person: Choose an item. |
| Relationship with cared for person: Choose an item. |
| Are there any support services being provided by Argyll and Bute health or Social Work Services? Choose an item. Please provide brief description:  I also support or care for: (provide additional information regarding any other person the young Care supports) |

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| My Responsibilities as a Young Carer | |
| The length of time I have been a young carer is: | Choose an item. |
| The length of time I spend caring on a weekly basis is: | Choose an item. |
| The main type of care/support I provide is: | Choose an item. |
| In addition to the main type of care I provide I also provide care or support with: ((choose additional tasks from the drop down box) free text and explore additional tasks i.e. garden maintenance) |  |
| The impact my caring role has on my life is: | Choose an item. |
| The way in which my health is affected or not by my caring role is: | |
| The way I feel emotionally about my caring role is: | |
| The way in which my caring role impacts on my life alongside of caring is: | |
| The ways in which I do or the way in which I would feel more valued as a carer is: | |
| My Living Environment consist of the following and thinking about the impact this has on me: | |
| How I feel about my relationships with other family members and friends because of my role as a young carer: | |
| The way I would like to see my future is: | |
| My Plans for Emergency Situations: | |
| I am willing to continue in my caring role: Choose an item. | |
| I am able to continue with my caring role: Choose an item. | |
| Provide details of support provided by the Carers Centre/Young Carers Support Centre: | |
| Date review of Young Carers Statement required: | |

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| Support Plan – Statutory Services Provision |
| Is the Young Carer eligible for Statutory Support? Choose an item. |
| Support needs identified during Assessment: Choose an item. |
| Free text if more than one option above is identified provide details of all that is applicable |
| Short Break require? Choose an item. |
| Provide number of short breaks in reporting period: |
| Is replacement care required? Choose an item. |
| Provide number of overnight replacement care received in reporting period: |
| Date Support Plan agree: |
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