**Money Matters Self-Referral Form**

**Carer’s details:**

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| --- | --- | --- | --- |
| Title: Choose an item. Name: Click or tap here to enter text. | | Date of Birth: Click or tap here to enter text.  Gender: Choose an item. | |
| Address: Click or tap here to enter text.  Town: Click or tap here to enter text. Post Code: Click or tap here to enter text. | | | |
| Telephone: Click or tap here to enter text. | | Mobile: Click or tap here to enter text. | |
| Email address: Click or tap here to enter text. | | | |
| GP Surgery: Click or tap here to enter text. | | | |
| How long have you been providing care? (current caring role): Click or tap here to enter text. | | | |
| Do you care for more than one person? (please tick) Yes  No  If yes please state how many people you provide care for: Click or tap here to enter text. | | | |
| Who do you care for and what is their main illness/disability/condition? (Please tick all applicable)   * A parent Their main illness/disability/condition: Click or tap here to enter text. * A spouse / partner Their main illness/disability/condition: Click or tap here to enter text. * A child – including adult children Their main illness/disability/condition: Click or tap here to enter text. * A sibling Their main illness/disability/condition: Click or tap here to enter text. * Extended family member Their main illness/disability/condition: Click or tap here to enter text. * Friend / neighbour  Their main illness/disability/condition: Click or tap here to enter text.   Who is the main person you care for?: Click or tap here to enter text. | | | |
| **How would you say you are currently coping with your caring role?*(please tick)*** | | | |
| Coping well | Just managing | | Really struggling |
| **If you (the carer) feel that you are at crisis point please be advised to contact**  **Delta Wellbeing directly on: 0300 333 2222** | | | |
| **Do you (the carer) have a disability or any illness or health issues?**  If yes, please give details: Click or tap here to enter text. | | | |

**Support needs:**

|  |  |
| --- | --- |
| **What kind of support would you like to receive? *(please tick all that apply)*** | |
| Help with budgeting and managing income & expenditure |  |
| Welfare Benefits check / advice |  |
| Income Maximisation inc. discounts and concessions |  |
| Support with essential household items |  |
| Support with food or fuel costs |  |
| Financial workshops ; e.g. digital finances, online banking, use of price comparison sites, budgeting, etc. |  |
| Debt information or advice |  |
| General financial information, e.g. managing money, budgeting factsheets, food banks, etc. |  |
| Other (please specify): Click or tap here to enter text. |  |

**How many hours a week (in total) do you spend caring? *(please tick)***

|  |  |
| --- | --- |
| 0 – 20 | 61 – 80 |
| 21 – 35 | 81 – 100 |
| 36 – 60 | 100+ |

**How long have you been providing care?** Click or tap here to enter text.

**What is the nature of the care you provide? (please tick all boxes that apply)**

|  |  |
| --- | --- |
| Personal care - help with toileting | Help to liaise with professionals inc. completing forms and accompanying to appointments, etc. |
| Personal care – help to wash/shower/bathe | Help with managing finances |
| Personal care – help to get dressed | Household tasks (cooking, cleaning, laundry, food shopping, etc.) |
| Emotional support | Help with communication |
| Assistance with medications | Help with challenging behaviour |

**Other:**

|  |  |  |
| --- | --- | --- |
| **What language would you prefer to communicate in?** | | |
| English | Welsh | Other (please specify): |
| **Would you like to receive / continue receiving our Carers Newsletters?** | | |
| Yes  No | | |

**For Agencies Only:**

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| **Has the Carer provided consent for this referral and sharing their information with Carers Trust Crossroads West Wales?**  YES  NO |

**Referrer details:**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Organisation & Job title: Click or tap here to enter text. |
| Address: Click or tap here to enter text.    Post Code: Click or tap here to enter text. | |
| Telephone: Click or tap here to enter text. | Mobile: Click or tap here to enter text. |
| Signed: Click or tap here to enter text. | Date: Click or tap to enter a date. |

**Self-Referrals:**

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| --- |
| How did you hear about us? Click or tap here to enter text. |

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| **Self-Referral Risk Assessment**  **To be completed for all new face-to-face appointments**   1. Do you have a disability or any health problems that we need to be aware of?   YES  NO  If yes, please give details: Click or tap here to enter text.   1. Are there any risks that we need to be aware of when coming to your home?   For example, from pets, neighbours, etc.?  YES  NO  If yes, please give details: Click or tap here to enter text.   1. Will there be anyone else present or visiting the property during our appointment?   YES  NO  If yes, please give details: Click or tap here to enter text.   1. Do you or anyone else living with you have any mental health or drug or alcohol problems?   YES  NO  If yes, please give details: Click or tap here to enter text.   1. Have you or any family members previously been subjected to any aggressive or abusive behaviour from anyone in your home?   YES  NO  If yes, please give details: Click or tap here to enter text.   1. Are you or the person you care for receiving support from any other agency? If so, are you happy for us to share information with them? (to avoid duplication of work and give you the best service).   YES  NO  If yes, please give details: Click or tap here to enter text.   1. Have you or anyone that you have been in contact with been diagnosed with Coronavirus, is showing symptoms of the Coronavirus and / or has been advised to self-isolate?   YES  NO  If yes, please give details: Click or tap here to enter text. |

**Signed** (Carer): Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Telephone Referral Yes  No**

**Please return completed forms to:**

**Carers Trust Crossroads West Wales, The Palms Unit 3, 96 Queen Victoria Road,**

**Llanelli, Carmarthenshire SA15 2TH Telephone: 0300** **0200 002 Email:** [**info@ctcww.org.uk**](mailto:info@ctcww.org.uk)

*This information will be stored and handled securely in accordance with the Data Protection Act 1998*