You are a “carer” if you look after a relative, friend or disabled child who needs support to live at home. Surrey County Council may be able to help make things easier for you, or put you in touch with another organisation that can help.

We may be able to provide services to the person you are for. We may also be able to provide services for you.

To work out what services would be helpful in your situation, social services need to discuss:

- the help the person you care for needs
- the help you are giving at the moment
- the services that we could provide.

The way this is done is called an “assessment.”

What your assessment is for

A carer’s assessment is your opportunity to tell social services about the things that could make caring easier for you. This form should be completed by you together with a professional. There is also an optional “24 Hour Diary” which can be used if this helps.

Some things you may want to think about

- Do you get enough sleep?
- Is your health affected in other ways?
- Are you able to get out and about?
- Do you get any time for yourself?
- Are your other relationships affected?
- Do you want information about benefits?
- Are you worried you may have to give up work?
- Is the person you care for getting enough help?

Services that might help you

- Services that give you a break
- Emotional support from other carers or people who understand
- Help with household tasks
- Help with caring tasks during the day/night
- Benefits advice
- Activities for the person you care for

For up to date information about carers’ issues see www.carersnet.org.uk
CARER’S ASSESSMENT

YOUR NAME:
YOUR ADDRESS:

YOUR TELEPHONE NUMBER:
DATE OF BIRTH:

NAME OF PERSON FOR WHOM YOU CARE:

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Is this a Single assessment?</th>
<th>SWIFT CASE ID: (carer)</th>
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<tbody>
<tr>
<td>Joint assessment?</td>
<td>SWIFT CASE ID: (user)</td>
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Your health

Your sleep pattern
Tasks and frustrations involved in caring

Describe the relationship with the person for whom you care

Your understanding of their needs

Other pressures on your family, work and other commitments

Information or advice about returning to work or retraining issues
Financial problems

Need for practical help

Accommodation

Your leisure

Caring skills
Moving and handling

Please say what help you the carer would like
The information you have given is confidential. It will only be shared with your permission if it relates to the provision of services.

Please state your wishes as follows:

- I do wish information to be shared with both the person I care for and others who will provide services.
- I do NOT wish some/all* information to be shared with the person I care for. Not Appropriate.
- I do NOT wish some/all* information to be shared with others.

Please specify which sections you do NOT wish to be shared.

* Delete as appropriate

Professional completing this form:-

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SIGNATURE</th>
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<td>DATE:</td>
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Carers completing this form please sign below:-

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>Relationship to PERSON YOU CARE FOR:</td>
<td>DATE:</td>
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</table>

To be completed by the carers

<table>
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<tr>
<th>Unresolved issues which the carer would like recorded</th>
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<tr>
<td>Are there any unresolved issues?</td>
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* If Yes, please say what they are