Office use only
Reference No:

Community Domestic Referral Form

Carers Trust Tyne & Wear Crossroads Carer Services
The Old School, Smailes Lane, Highfield, Rowlands Gill NE39 2DB
Telephone: 01207 549 780 FAX: 01207 549 794
Email: info@carerstrusttw.org.uk

carerstrust
Tyne & Wear
Crossroads Carer Services
action · help · advice

Eligibility Criteria:
- ✓ **Provide regular and/or substantial level of care (eg. 20+ hours care per week and/or 5 visits per week)**
- ✓ **Be a resident in Gateshead**

The Community Assistance Service requires a payment of £9.50 an hour, to be paid for by the client or carer.

1. Referrer Details

Name of Referrer: **Date of Referral:**

Address: **Telephone No:**

2. Person with Care Needs

Title: Miss/Mrs/Mr/Other

First Name(s): **Surname:**

Address:

Postcode: **Telephone No:**

Date of Birth: **Ethnic Origin:**

Marital Status: **Religion:**

Health Situation or Disability:

3. Carer Details

Title: Miss/Mrs/Mr/Other

First Name(s): **Surname:**

Address:

Postcode: **Telephone No:**

Date of Birth: **Ethnic Origin:**

Marital Status: **Religion:**

Relationship to Person with Care Needs:

Carer Health Problems:

4. Summary of Home Situation

5. Summary of Care Needs (please give further details if required)

Mobility Issues: **YES/NO**

Personal Care: **YES/NO**

Behavioural Issues: **YES/NO**

Emotional Support Required: **YES/NO**

Care Package in Place: **YES/NO** **(*If yes provide details)***

6. Describe Caring Role

7. Professional Contact Names

GP Name: **Telephone No:**

Social Worker: **Telephone No:**

Other:

8. Type of Assistance Required

Housework:	**Yes/No**	**Transport:**	**Yes/No**
Ironing:	**Yes/No**	**Support with Paperwork:**	**Yes/No**
Laundry:	**Yes/No**	**Collecting Benefits, Pensions:**	**Yes/No**
Shopping:	**Yes/No**		

Other: ……..…….

9. Service Hours Required ***(Note: service charge is available on request)***

Weekly / Fortnightly / Monthly *(please delete where applicable)*

Number of Hours required: **1** **2** **3** **4** **5** *(please circle)*