

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



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)