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| --- |
| **Details of the person receiving care / support** |
| Application number |  |
| Full name |    |
| Current address |     |
| **Details of the person providing care / support** |
| Full name |   |
| Current address |                                                                                         Postcode |
| Relationship to the person you are providing the care / support for:  |
| **Employment status of the care provider**: (please delete as appropriate)Employed / Self-employed / Retired / Unemployed If employed or self-employed the number of hours worked weekly: |
| **About the care / support provided** |
| How many hours a week do you provide the care / support?Do you receive Carers Allowance? **Yes / No**Are you paid to provide the care / support? **Yes / No**Does any other person provide care / support? **Yes / No**How many hours a week does the other person provide care / support? |
| **Type and frequency of the care you provide** |
| **Description** | **Frequency (please delete as appropriate)** |
| Personal care - washing | None /Daily / Weekly / Monthly / Quarterly |
| Personal care - toiletry needs | None /Daily / Weekly / Monthly / Quarterly |
| Personal care - dressing | None /Daily / Weekly / Monthly / Quarterly |
| Personal care - getting in and out of a chair / bed | None /Daily / Weekly / Monthly / Quarterly |
| Personal care - assisting with eating / drinking | None /Daily / Weekly / Monthly / Quarterly |
| Administering medication | None / Daily / Weekly / Monthly /Quarterly |
| Any other care provided (please detail below) | None / Daily / Weekly / Monthly /Quarterly |
|     |
| **Type and frequency of the support you provide** |
| **Description** | **Frequency (please delete as appropriate)** |
| Cleaning | None /Daily / Weekly / Monthly / Quarterly |
| Washing and ironing | None /Daily / Weekly / Monthly / Quarterly |
| Cooking | None /Daily / Weekly / Monthly / Quarterly |
| Gardening | None /Daily / Weekly / Monthly / Quarterly |
| Shopping | None /Daily / Weekly / Monthly / Quarterly |
| Attending appointments | None /Daily / Weekly / Monthly / Quarterly |
| Assisting with finances (paying bills, banking etc.) | None /Daily / Weekly / Monthly / Quarterly |
| Emotional support | None /Daily / Weekly / Monthly / Quarterly |
| Please advise what **emotional support** you provide:   How do you provide the emotional support? (please delete as appropriate)Text message / Email / Facetime / Telephone / Online / Facebook / In personOther https://somerset.abritasadmin.net/NovaWeb/Infrastructure/ViewLibraryDocument.aspx?ObjectID=829 (please detail below)   |
| Any other support provided (please detail below) | None / Daily / Weekly / Monthly /Quarterly |
|  |
| **Details of Doctor, Consultant, Keyworkers or other Health Professional involved:** |
| Name | Address | Contact Phone Number |
|   |   |   |
|   |   |   |
|   |   |   |
| **Additional details**  |
|  Please give any further detail that are relevant to the care / support you provide.      |
| **My Declaration** |
| * The information provided on this form is complete and correct and has been provided in support of my Homefinder Somerset application.
* I am aware and understand Somerset Council and the registered providers in Homefinder Somerset may share my personal information, including sensitive information
* I agree to tell Somerset Council immediately about any change in my circumstances.
* I understand if I knowingly or recklessly make a false statement:

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| --- | --- |
| (i) | I could be removed from the housing register or lose any tenancy granted by Somerset Council or one of the registered providers participating in Homefinder Somerset. |
| (ii) | I may be committing an offence for which I may be prosecuted and for which I may receive a fine or a prison sentence. |

 |
|  Signature:  |  Date:  |