|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 person  Other 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:  |  |  | | --- | --- | | (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: | |