

This form should be completed by the care provider



homefindersomerset.co.uk Care Provided

Form

Reference number:HR

Details of the person receiving care / support	
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 / Skype / Facebook / In person
Other (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 telephone 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 the partner local authorities and registered providers in Homefinder Somerset may share my personal information, including sensitive information
- I agree to tell the local authority dealing with my application 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 one of the five local authorities or registered provider 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: