

# Your supported self-assessment – Carer's Assessment.



## Your Personal Details

*To be completed by person sending form*

<b>First name (s)</b>	<b>Surname</b>	<b>Title</b>
<b>ACSIS number</b>	<b>Date of birth</b>	<b>Age</b>
<b>Worker's name and contact number</b>		

**Please complete the following sections yourself**

Would you like some help to complete your assessment    **Yes**     **No**

**If “yes”, what sort of help do you need?** Remember you can choose to have someone from the council assess you if you would prefer not to complete this self-assessment. If you choose to have a worker assess you, please only complete this page and return the form. We will be in contact with you soon to arrange an assessment.

**Do you have any particular communication needs?**    Yes     No

Please include any additional information about your communication needs here

### The support you may need

Depending on your answers we can

- Give you information and advice which may be helpful to you.
- Discuss your support needs with you and anyone else you would like us to talk to
- Discuss any assessed “eligible support needs” with you and how the council can help you.

Name:

ACSIS ID:

Date printed: 14-Dec-  
1512-Nov-15

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**Please complete as many sections as you feel are relevant:**

**Tell us about yourself and what is important to you:**

**Tell us about your situation, the person (or people) you care for and the care you give them, including what life was like before you became a carer:**

**Name:**  
|

**ACSIS ID:**

**Date printed:** 14-Dec-  
15~~12-Nov-15~~

# Your supported self-assessment – Carer's Assessment.



**Tell us about how your caring role impacts on your life and your wellbeing. This could include any coping mechanisms you use:**

**(When we use the term 'wellbeing' we mean an everyday understanding. In this assessment we will ask you some questions that will help you consider what wellbeing means for you.)**

**Tell us about what you do and what you would want to be doing, outside of your caring role:**

**Name:**

**ACSIS ID:**

**Date printed: 14-Dec-  
15~~12-Nov-15~~**

# Your supported self-assessment – Carer's Assessment.



**Tell us how would you like things to be different in the future:  
(This may include changes to the amount or type of care you provide)**

## Areas of need

<b>Do you have needs of your own because you provide care to an adult who needs care and support?</b> (This is someone who's needs arise from a physical or mental impairment or illness)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>If "yes" please give some information about this</b>		

Name:

ACSIS ID:

Date printed: 14-Dec-  
1512-Nov-15

# Your supported self-assessment – Carer’s Assessment.



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**Is your physical or mental health affected by your caring role?**

The following questions will help us understand more about your situation and identify any needs you have as a carer. They reflect a list of outcomes as described in the Care Act and how your caring role impacts on you as an individual.

Before filling out the next section the following guidance may be helpful  
 We say you need support if :

- You are unable to achieve the outcome (listed below) because of your caring role.

Being unable to achieve the outcome means one or more of the following:

- You need help to achieve it
- Achieving it causes you significant pain, distress or anxiety or is likely to endanger your health or safety, or that of others
- Achieving it takes significantly longer than would normally be expected.

Are you able to manage the following? <i>(These are referred to as outcomes)</i>	Why you said this
<p><b>Carry out caring responsibilities for a child</b>                      These are responsibilities associated with being a parent, relative or guardian.</p> <p style="text-align: right;">                         Yes I can manage this <input type="checkbox"/>                          No I can't manage this <input type="checkbox"/> </p>	<p><i>Leave blank if you do not have caring responsibilities for a child</i></p>
<p><b>Provide care to another adult</b>                      This is supporting others who you are not seen as a carer to.</p> <p style="text-align: right;">                         Yes I can manage this <input type="checkbox"/>                          No I can't manage this <input type="checkbox"/> </p>	<p><i>Leave blank if you do not care for another adult</i></p>
<p><b>Maintain a habitable home environment</b>                      This is ensuring your home is sufficiently</p>	

Name: \_\_\_\_\_

ACSIS ID:

Date printed: 14-Dec-15  
15:12-Nov-15

# Your supported self-assessment – Carer's Assessment.



Are you able to manage the following? (These are referred to as outcomes)	Why you said this
<p>clean and maintained to be safe. This could include managing your money to pay bills for essentials such as water, electricity and gas?</p> <p>Yes I can manage this <input type="checkbox"/></p> <p>No I can't manage this <input type="checkbox"/></p>	
<p><b>Manage and maintain your nutrition</b> Are you able to do your shopping, prepare and cook nutritional meals?</p> <p>Yes I can manage this <input type="checkbox"/></p> <p>No I can't manage this <input type="checkbox"/></p>	
<p><b>Develop and maintain family and other personal relationships</b> Can you maintain the personal relationships you have or develop new relationships if you want to?</p> <p>Yes I can manage this <input type="checkbox"/></p> <p>No I can't manage this <input type="checkbox"/></p>	
<p><b>Engage in work, training, education or volunteering</b> Are you able to go to work, training, education or volunteering if you wish to?</p> <p>Yes I can manage this <input type="checkbox"/></p> <p>No I can't manage this <input type="checkbox"/></p>	
<p><b>Make use of necessary facilities or services in the local community including recreational facilities or services</b> Can you get out into your local community? Are you able to use local shops, libraries, entertainment?</p> <p>Yes I can manage this <input type="checkbox"/></p> <p>No I can't manage this <input type="checkbox"/></p>	

Name:

ACSIS ID:

Date printed: 14-Dec-15  
1512-Nov-15

# Your supported self-assessment – Carer's Assessment.



Are you able to manage the following? (These are referred to as outcomes)	Why you said this
<p><b>Engage in recreational activities</b> Are you able to do things that you enjoy, hobbies, sports, leisure activities</p> <p style="text-align: center;">                     Yes I can manage this <input type="checkbox"/>                      No I can't manage this <input type="checkbox"/> </p>	

## Impact on your wellbeing

Do your needs significantly affect your wellbeing in any of these areas?	Describe how your wellbeing is affected	How you would like things to be different in order that you can improve your wellbeing in the areas identified?
<p><b>Maintaining your personal dignity (including making sure you are treated with respect).</b> This could include things like people talking to you respectfully</p> <p style="text-align: center;">                     Yes, my wellbeing is significantly affected <input type="checkbox"/>                      No, my wellbeing is not significantly affected <input type="checkbox"/> </p>		
<p><b>Maintain your physical and mental health and emotional wellbeing.</b> This could include being able to do the things that keep you feeling well.</p> <p style="text-align: center;">                     Yes, my wellbeing is significantly affected <input type="checkbox"/>                      No, my wellbeing is not significantly affected <input type="checkbox"/> </p>		
<p><b>Stay safe and be protected from abuse and neglect.</b></p>		

Name: \_\_\_\_\_

ACSIS ID: \_\_\_\_\_

Date printed: 14-Dec-15  
15:12-Nov-15

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Do your needs significantly affect your wellbeing in any of these areas?	Describe how your wellbeing is affected	How you would like things to be different in order that you can improve your wellbeing in the areas identified?
<p>This could include feeling safe in your home or when out and about.</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Exercise control over day-to-day life (including over your care and support)</b></p> <p>This could include being able to make choices about what you do and when.</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Participate in work, education, training or recreation</b></p> <p>This could include having opportunities to learn new skills, study, work or take part in activities that interest you</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Achieve social and economic wellbeing</b></p>		

Name:

ACSIS ID:

Date printed: 14-Dec-15  
15:12-Nov-15



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Do your needs significantly affect your wellbeing in any of these areas?	Describe how your wellbeing is affected	How you would like things to be different in order that you can improve your wellbeing in the areas identified?
<p>This could include feeling part of your local community and or having enough money to support yourself</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Maintain your domestic, family and personal relationships</b></p> <p>This could include being able to keep in touch with family and friends</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Access suitable living accommodation</b></p> <p>This could include having your own space. For example if you share your home with the person you care for you may require more privacy or a home with better access.</p> <p><b>Yes, my wellbeing is significantly affected</b> <input type="checkbox"/></p> <p><b>No, my wellbeing is not significantly affected</b> <input type="checkbox"/></p>		
<p><b>Contribute to society</b></p> <p>This could include being able</p>		

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Date printed: 14-Dec-15  
15:12-Nov-15

# Your supported self-assessment – Carer's Assessment.



Do your needs significantly affect your wellbeing in any of these areas?	Describe how your wellbeing is affected	How you would like things to be different in order that you can improve your wellbeing in the areas identified?
<p>to do things in and with your local community</p> <p>Yes, my wellbeing is significantly affected <input type="checkbox"/></p> <p>No, my wellbeing is not significantly affected <input type="checkbox"/></p>		

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1512-Nov-15

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## Consent and signatures

The information you provided during this assessment will be used to assess your need for care and support services. Your information will be held securely and confidentially in accordance with the principles of the Data Protection Act 1998. This information may be shared with other professionals/ agencies which, where relevant includes the Police, in order to provide the support you need.

I confirm the information that is recorded in this assessment is correct

I agree that this assessment may be shared with relevant professionals as needed to support my care

<b>My signature</b>	<b>Date:</b>	<b>My advocate's, or legal representative's, signature (if applicable)</b>	<b>Date:</b>
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Once we receive your form you will be contacted within ..... days to discuss your needs further

Do you need any letters to be sent in a particular format?

Please tick where applicable:

- Large Print
- Audio Format
- Braille
- Easy to read format
- British Sign Language Video
- Other languages (please specify) .....

How would you like us to contact you to discuss your needs further (please tick where applicable):

- Post:       Email:       Telephone:
- SMS (mobile text messaging):       Minicom:
- Other: (please specify) .....

Name:

ACSIS ID:

Date printed: 14-Dec-15  
~~1512-Nov-15~~