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| **TTVS Young Carers Connected    Referral Form**  **Eligibility Criteria for Young Carers Connected**.  Our definition of a Young Carer is someone aged between 8 and 24 who provides care to someone in their family who has a disability, long term illness, or is affected by mental health or substance misuse. Young Carers have to take on caring responsibilities, both practical and emotional, that would normally be  expected of an adult.  To access our service children and young adults must meet eligibility criteria. Children and young adults  might not reach this eligibility if their caring tasks are:   * age appropriate and do not exceed what an ‘average’ child/young adult would undertake  (e.g a teenager) helping with house hold tasks). * are not considered a primary carer. * are living with someone who is ill, disabled or misusing substances but are not providing  primary care for that person, themselves or their siblings. | | | | | | |
| **Date of Referral** | **Organisational Name** | | | **Referrers Name** | | |
| **Position** | **Contact Number** | | | **Email Address** | | |
| **Young Carers Details** | | | | | | |
| **Surname** | | **First Name(s)** | | | | |
| **Preferred Name:** | **Young person identifies as:** | | | **Date of Birth** | | |
| **Address** | | | | | | |
|  | | | **Post Code** | | | |
| **Contact number** | | **Email Address** | | | | |
| **Has the young person/parent or guardian given permission to the referrer?** | | | | | **Yes** | **No** |
| **If Under 18** | | | | | | |
| **Name Of Parent/Guardian** | | | | | | |
| **Address if different from above** | | | | | | |
|  | | | **Post Code** | | | |
| **Contact Number** | | **Email Address** | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **The Caring Role Please Answer as Many of These Questions as Possible** | | | | | | |
| **Who is being cared for?** | | | | | | |
| **Relationship to the carer e.g. Mother, Father, Sibling, Grandparent.** | | | | | | |
| **The Caring Role Is Impacting:** | **Mental Health** | **Social Isolation** | **Education** | | **Employment** | |
| **Address of the cared-for person if different from above** | | | | | | |
| **Do you know if the young person has had a carer’s assessment with Devon Carers?** | | | | **YES** | | **NO** |
| **Are there any other agencies involved with the Carer. If YES please provide details.** | | | | **YES** | | **NO** |
| **Please give details of the direct impact the caring role has on the young carer.** | | | | | | |
| **Registered Charity Number 1125142. Company Limited by Guarantee. Registered in England 6577677** | | | | | | |

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