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|  **Referral Form**  |
| **Eligibility Criteria for Young Carers Connected.** |  |  |  |  |  |
| Our definition of a Young arer is someone aged between 8 and 24, who provides care to someone in their family who has a disability, long tern 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 an eligibility criteria. Children and young adults might not reach this eligibility if their caring tasks are: |
| \* are age appropriate and do not exceed what an 'average' child/adult would normally undertake (e.g. a teenager helping with household tasks). |
| \* do you consider the young carer to be a primary carer? |
| \* are they 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** | **Referral Organisation** |
| **Referrers Name** | **Referrers Position** |
| **Email Address** | **Contact Number** |
| **Young Carer Details** |
| **Surname of Young Carer** | **First Name/s of Young Carer (Including preferred name)** |
| **Date of Birth** | **Sexual Orientation (Optional)** |
| **Address** |
|  | **Post Code** |
| **Contact number** | **Email Address** |
| **Has The Young Carer/Parent/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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| **Please Answer As Many Of These Questions As Possible** |
| **Is the Young Carer being supported by a Multi****Agency Team (MAT)?** | **Is the family of the Young Carer being held at Early Help? If****Yes, please provide the EH practitioner's name.** | **Have you identified any other concern with the****Young Care or their family that might be impacting the Young Carers wellbeing.** |
| **Please tick as many boxes that are relevant.****To your knowledge, has the Young Carer or their family had referrals into the following:** | **CAHMS** | **Social Care** | **Young Devon** | **SPACE** | **Youth****Intervention Team** | **Family****Practitioner** | **Domestic****Violence Support** |
| **Rape Crisis** | **Other. Please also tell us if other agencies/support is actively involved with the Young Carer.** |
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| **Who Is being cared For?** |
| **Address of the cared for person if different from the carer** |
| **Has The Young Carer had a Carers Assessment?** | **YES** | **NO** |
| **Young Carers Connected provide the following****support:** | **One to One.****Short term intervention work** | **Health and****Wellbeing. Short term intervention work with possible onward referral to appropriate organisation.** | **Emotional****Support. Short term intervention work with possible referral to appropriate organisation.** | **Financial****Guidance. Referral to CAB** | **Family Support.****Referral to CAB** | **Other:** |
| **Please use this space to tell us about the young carer.** |
|  **Registered Charity Number 1125142. Company Limited by Guarantee. Registered in England 6577677** |
| 26 February 2024 |