

**HALTON CARERS CENTRE**

**PERSONALISED CARERS BREAK FUND**

**APPLICATION FORM**

Funds for Carers Breaks are limited. You need to provide us with as much detailed information as possible to allow us to make a decision. **If you require any assistance with this form, the Carer Support Staff or Carers Break Worker will be pleased to help you.**

<b>About you</b>	
Surname:	First Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Address:	
Postcode:	
Telephone:	
Email Address:	
Are you registered with Halton Carers' Centre:	

<b>Joint Carer Details (Please complete if this is a joint application)</b>	
Surname:	First Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Address:	
Postcode:	
Telephone:	
Mobile:	

<b>If this is not a joint application, but the Carer shares caring responsibilities, please provide a contact number for any joint Carer, so that we may establish their consent to this application.</b>	
Name:	
Contact Number:	
Name:	
Contact Number:	

It is important that where this form is completed by a Carer who is one of a number of people caring for the same person, that they have discussed their application with all other parties, as a break payment can only be awarded to a single caring unit. For example, a couple caring for an elderly parent would be awarded a break between them, and a single person caring for both parents would only be entitled to one payment.

**By completing this self-assessment, you give your consent for your information to be shared with Halton CCG**

**About the Person you Care for**

Name	Address(if different from you)	Relationship to Carer	Health Condition(s) /diagnosis	Have they had an assessment	Care Manager Social Work Dept involved

**Date of Birth:**

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**Is the person you care for in receipt of, or eligible for:**

<p><b>Disability Living Allowance at (Care, High or Middle Rate)</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>Mobility, High</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>We may ask for evidence to support this.</p>	<p><b>Attendance Allowance:</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
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**Cared For Health: (Please use this section to describe the health condition(s) of the Cared for Person.**

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**YOUR CARING ROLE**

Please use this section to give us as much detail of what is included in your caring role, this may include

- Personal tasks such as help with washing, using the toilet or bathing
- Practical tasks such as making meals, cleaning or shopping, help with medication or using equipment
- Watching or supervising somebody who is confused or would be at risk
- Helping somebody with everyday activities such as going to the GP, attending college / place of worship or social activities
- Emotional support, supervision, coping with difficult / challenging behaviour or dealing with crises

Your role:

**How long have you been caring?**

**How many hours do you spend providing direct care each day?**

**If you do not provide care on a daily or regular basis please tell us what time you spend caring?**

**Does the person you care for receive services from anyone else?**

Yes  No  Please give details below

No not at present

**Do you receive Carers Allowance?**

Yes  No

**Have you accessed a Local Authority Carers Assessment?**

Yes  No

**Would you like more information on Carers' Assessments?** Yes  No

**YOUR HEALTH AND WELLBEING****How is your own health**

Very Good <input type="checkbox"/>	Reasonably Good <input type="checkbox"/>	Not Good <input type="checkbox"/>	Very Bad <input type="checkbox"/>	Please give details below
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**Are you in receipt of any health related benefits? If so please state below :****How is your sleep?**

Very Good <input type="checkbox"/>	Reasonably Good <input type="checkbox"/>	Not Good <input type="checkbox"/>	Very Bad <input type="checkbox"/>	Please give details below
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**Do you feel your safety is at risk in any way?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain below
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**How well do you feel you are coping?****Do you feel under emotional strain due to your caring role?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain below
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**EMOTIONAL SUPPORT****Are you able to maintain your relationship with others?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please explain below
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**Do you have any other family responsibilities (such as young children) that are affected by caring?**

Yes  No  If yes, please explain below

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**Do you ever feel isolated or lonely because of your caring role?**

Yes  No  If yes, please explain below

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**WORK, EDUCATION AND TRAINING**

**Are you in full or part time paid work?**

Yes  No

**Does Caring affect your work in any way?**

Yes  No  If yes, please explain below

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**Does your caring role affect your ability to study?**

Yes  No  If yes, Please explain below

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**HOBBIES AND LESIURE TIME**

**What hobbies, leisure activities are you involved in?**

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**Do you attend regular groups / meetings?**

Yes  No  If yes, please explain below

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**USING A BREAK FUND – PLEASE COMPLETE ALL SECTIONS IN DETAIL**

The average Break Fund Payment award is up to £250. If you are awarded a Break Fund Payment, what will you use it for? (Please refer to the guidance notes that accompany this form)

Please give details below: This should include approximate cost.

How will the potential break assist you in your caring role? Please give details

How will the person you care for be supported in your absence? Please give details

**DECLARATION**

I can confirm that the information on this application is correct and that the other Carers for the named person requiring care have been informed of my application. I agree to spend funds as outlined above, and to provide receipts as required.

**By completing this self- assessment, you give your consent for your information to be shared with Halton CCG**

Signed by Carer:

Date:

Signed by Joint Carer :

Date:

Person /Organisation completing referral:

**CONSENT TO SHARE YOUR PERSONAL INFORMATION**

Do you agree to Halton Carers Centre sharing your personal information with Halton Borough Council's Health and Social Care Department to ensure that carers' services in Halton work together to support you?

Yes

No

I agree to the information being held, used and processed by Halton Carers Centre for organising a care service. I also agree that the information I have provided will be held on a database.

Yes

No

**PERSONALISED CARERS' BREAK FUND  
REFERRAL FORM / SUPPORTING STATEMENT**

Carers are eligible to apply for Break funding if they meet the following criteria:

- They are an unpaid Carer
- They currently care for a person with a diagnosed disability
- The person whom they care for is a resident of Halton Borough, but does not reside in a care home
- The Carer is over 18 years.
- Is a registered Carer with Halton Carers' Centre and has been for a minimum of 3 months.

<b>DECLARATION</b>	
<b>Name &amp; Address of carer:</b>	
<b>Name &amp; Address of person requiring care:</b>	
<b>Why you feel the carer requires or would benefit from a break:</b>	
<i>'I can confirm that to the best of my knowledge, the above named person is a Carer by the above criteria, and that he / she undertakes a regular / substantial caring for the person stated'</i>	
<b>Name (print) :</b>	
<b>Workplace address</b>	
<b>Telephone number:</b>	
<b>Email address:</b>	
<b>Signed:</b>	<b>Date:</b>

