

## Crossroads Young Carers Referral Form

*Anyone can refer a child/young person of 5-17 years however consent to refer must be given by a parent*

**Parent/Guardian:** Do you give permission for Crossroads Care Kent to store the information contained on this form and to contact you by phone/text or email?

Yes  No  Date: \_\_\_\_\_

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**Young Carer:** Does the child/young person know about this referral? Yes / No

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**Cared-for:** Have you obtained the consent from the cared-for person for Crossroads Care Kent to store the information about them contained on this form?

Yes  No  Date: \_\_\_\_\_ (NOTE: for a child who is cared-for, consent may be given by the parent)

Details of Referrer			
Referrer name and relationship to child	Organisation/school	Address, telephone number and email	Date of referral
What will be your ongoing involvement with the family?			

Details of Young Carer				
Full Name and ADDRESS	DOB	Gender	Ethnicity	Please state any Young Carer disability/illness/SEN

Details of adult(s) with Parental Responsibility residing with the child			
Name of 1 <sup>st</sup> adult		Name of 2 <sup>nd</sup> adult	
Mobile		Mobile	
Email address		Email address	

Relationship to child/young person		Relationship to child/young person	
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### Details of Person(s) with Illness / Disability

Name	DOB	Relationship to young carer	Illness / disability / diagnosis	School/ place of work
Formal diagnosis?			Yes / No	
How does this affect them day to day?				
Are they currently receiving treatment?				
Does this illness/disability impact on the family? If so, how?				

### Other family members in the household

Name	Relationship to young carer	Age

### Significant others (eg absent parent, extended family/friends, foster carers etc)

Name	Relationship to young carer	Level of contact

### Additional information

<b>Please tell us why you are making this referral (please outline in full detail)</b>
<b>Nature of Support given by young carer (physical / emotional)</b>

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### How the child/young person's caring role affects them in the following areas

Free time and fun	
Physical health	
Emotional health	
Education and learning	
Social contact / isolation	

### Young Carer's School Details

School name and address	Contact name and telephone number	Year group

### Other agencies providing support for the child/young person and family

Organisation name(s)	Contact details	Role	Details of support		
<b>Is the young person supported by:</b>					
Child Protection Plan?	Y / N	Child In Need Plan?	Y / N	Early Help?	Y / N
<b>If YES, please give details of social worker or lead professional below:</b>					
Name		Contact No.		Email	
Reason for referral to Children's Services and support being offered					
Has a referral been made to any other Young Carer organisation?	Yes / No				
If Yes, what support is being offered?					

How did you hear about our service?	
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Please return this form via email to:

[enquiries@crossroadskent.org](mailto:enquiries@crossroadskent.org)

If you have any queries or require further information, please call 03450 956701