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**REFERRAL FORM**

**Urgent Brief Breaks – Hospital Discharge Support 2023**

**A carer is someone who, without payment, provides regular and substantial help and support to a friend, neighbour or relative who could not otherwise manage because of frailty, illness or disability.**

Please use this form to refer a carer for Camden Carers Urgent Brief Breaks Scheme Email completed form to: [referrals@camdencs.org.uk](mailto:referrals@camdencs.org.uk) or [camdencarers@nhs.net](mailto:camdencarers@nhs.net)

Tel: **020 7428 8950**

|  |  |
| --- | --- |
| **Carer or family details** |  |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Contact numbers** | **Home:**  **Mobile**: |
| **Language spoken** |  |
| **Interpreter needed?** |  |
| **Ethnic origin** |  |
| **How did you hear about Urgent Brief Breaks?** |  |
| **Reason for referral to Hospital Discharge clearly illustrating what constitutes it being an urgent need** |  |
| **What is the Hospital Discharge fund for being requested?**  **Give detailed description including costs wherever possible** |  |
| **What other options have been explored eg via ASC, personal savings, charities? If none then reasons for this** |  |
| **What provisions are being put in place for cared for over the period of the Urgent Brief Break (if applicable)?** |  |
| **What support is being offered/steps being taken to address the difficult issues long term?** |  |
| **Has the carer consented to this referral? NB consent is essential** |  |
| **Cared for person’s details** |  |
| **Name** |  |
| **Address (if different from carer)** |  |
| **Relationship to carer** |  |
| **Date of birth** |  |
| **Any other information**  **(Diagnosis)**  **(Medication if required)** |  |
| **Referrer details** |  |
| **Name** |  |
| **Job Title / Role** |  |
| **Contact number** |  |
| **Email** |  |
| **Date of referral** |  |

Outcome: Signed: