**Young Carers’ Identification Form**

***To be completed and submitted with the MAST referral form.***

**Is the child regularly helping a family member who….?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| Has a long-term illness or health condition, such as epilepsy, cancer or diabetes |  |  |  |
| Has a physical disability, such as mobility issues or blindness |  |  |  |
| Has a learning disability  |  |  |  |
| Is living with a mental health condition |  |  |  |
| Misuses substances eg. alcohol or drugs |  |  |  |
| Is dependent on others due to old age |  |  |  |
| Is too young to take care of themselves |  |  |  |

**Is the child regularly responsible for any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| Helping someone get dressed |  |  |  |
| Cooking meals |  |  |  |
| Doing the housework |  |  |  |
| Getting the food shopping |  |  |  |
| Helping someone wash or go to the toilet |  |  |  |
| Collecting benefits and prescriptions |  |  |  |
| Giving someone their medicine or pills |  |  |  |
| Going with someone to the doctor or hospital |  |  |  |
| Taking responsibility for a brother or sister or someone close to their own age |  |  |  |
| Translating or interpreting for someone |  |  |  |
| Managing the family’s budget |  |  |  |
| Cheering someone up or comforting them when they are feeling down |  |  |  |

**Are any of these activities age inappropriate** e.g. an eight year old expected to do food shopping on their own, a fourteen year old girl providing intimate care to an older male?

|  |
| --- |
| *Please answer yes or no and give detail below:* |
|  |

**What is the impact on the child?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| They have lots of responsibilities or chores to do at home |  |  |  |
| They are late to school sometimes  |  |  |  |
| They sometimes miss lessons or a whole school day |  |  |  |
| They miss out on after school activities and the fun things other children get to do |  |  |  |
| They don't get all of their homework done on time |  |  |  |
| They spend a lot time worrying about what's happening at home |  |  |  |
| They are forced to hear about or be responsible for issues like housing or finance or detailed health information |  |  |  |

Name of Person Completing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_