

**Assessing Yourself**

**Before you start**

This Assessing yourself form is suitable for you if you think:

* You have social care needs
* You are aged 18 and above
* You live in Devon AND
* **You feel that you can fully understand and discuss your own needs and how they can be met (this is called assessing our Mental Capacity).**

You can find out more information about mental capacity on this website:

[www.bestinterests.org.uk/what\_is\_mental\_capacity](file:///C:\Users\jeffrey.walker\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\C4X8OPSL\www.bestinterests.org.uk\what_is_mental_capacity)

* **This is not a form for carers** – but if you care for another adult, find out about an assessment for yourself by phoning Devon Carers on **03456 434 435** or visit their website for information and advice: [www.devoncarers.org.uk](file:///C:\Users\jeffrey.walker\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\C4X8OPSL\www.devoncarers.org.uk)

**Completing your form**

There are 3 sections of this form to complete:

* **Your essential information**
* **Giving your consent**
* **Your situation**

All questions marked **[\*]** must be answered before you return the form.

It is about what you think your needs are, in your own words, but you might find it helpful to have someone to help you and you may wish to ask your carer or a family member or friend to assist.

Details of how to send us this form and what to expect are covered in:

* **Sending us your form**
* **What happens next**

Please call us on **0345 155 1007** (Monday - Friday 8am – 8pm, Saturdays 9am – 1pm) if you feel you need help to fill in this form.

**Your essential information**

**Please complete all questions with \***

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Your first name:** | | **\*Your last name:** | |
|  | |  | |
| **Your preferred name:** | | **Your title:** | |
|  | |  | |
| **\*Your address:** | | **\*Your phone number(s):** | |
|  | | **Home:**  **Mobile:** | |
| **\*Your postcode:** | | **Contact email address:** | |
|  | |  | |
| **\*Your date of birth:** |  | **\*GP surgery and address:** |  |
| **\*Your ethnicity:** |  | | |
| **\*Your identified gender:** | You may wish to Self-define (for example Male / Female / Non-Binary): | | |
| **\*Your preferred method of communication**  **(Please include any hearing/vision needs to support us when we contact you about this form, i.e. use of large print)** | | | |
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**Are you happy to share your information with us? (Consent to share)**

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| --- | --- | --- | --- |
| **The purpose of sharing this information is so we may help and support you.** | **Keeping your information private:** The answers you give us will be kept confidential, however we *may* need to share your information so we can help you. We will talk to you about this if needed. **Sharing your information:** We will only share information which is relevant and necessary.If we do, it will only be with people and organisations involved in your care such as;**Devon County Council** with staff members who need it to provide social care services.  * Organisations involved in your care and support, such as health services and private care providers.  Choosing not to share your information:You can choose not to share your information (please call us if you want to discuss further).If you choose not to share your information the following things may happen;  * we may not be able to help you meet your needs. * we can provide you with information so that you can contact the relevant organisations yourself. | | |
| **Do you consent to share your information? \*** | | | |
| **Please note your answer with ‘X’** | **Yes** | **No** | **Today’s date (DD/MM/YYYY):** |
| **Is there anyone you don’t want us to share your information with?** | | | |
|  | | | |
| **Can you talk to us yourself?** | | | |
| **Please note your answer with ‘X’** | **Yes** | **No** |  |
| **Who else can support you when we contact you?**  Consider appropriate friends / family / Care Act independent advocate if required) | | | |
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**Your situation**

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| What do we want to know about you? We need to know about your current social care concerns.   * ***What matters to you now***, * ***What is important to you***, * and ***who supports you now***,   to help us understand the best support to meet your needs.  **We may work with you to:**  - refer you to other agencies (e.g. voluntary sector agencies).  - provide you with information or advice.  - explore equipment that may assist you  - or other ideas/services, we can look at together.  Social care describes any help you may need to live as well as possible, with any illness or disability you have. It includes help with things like:   * getting out of bed, washing and dressing, dietary needs (eating and drinking) * getting to work, seeing friends and being part of the community * caring for your family, emotional support at a time of difficulty and stress, and helping friends and family members who may be caring for you. * Or something else which is impacting on your wellbeing and independence. |
| **What are your main health care needs / disability / impairment?**  (please tell us if you have a physical, mental, sensory or learning disability / autism need) |
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| **Tell us about any specific problems that are stopping you from living safely at home.**  For example:  What stops you from doing what you need to do on a daily basis, i.e. washing yourself, dressing yourself etc? |
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| **Tell us about anything you’ve already tried to help with the problems you’ve told us about in the previous question.**  **Don’t worry if you haven’t thought about this yet, you can leave this answer blank.**  For example:  Have you asked others to help you?  Have you tried equipment (i.e. walking frame) or technology (i.e. online shopping) to help?  Have these ideas worked? |
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| **Please tell us about anyone in your life now and what they do to help you?**  **For example:**  Does anyone help you with your;  Shopping?  Cleaning?  Finances?  Getting out and about?  Getting washed and dressed?  Laundry?  Cooking?  Getting to work?  **Or anything else?** |
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| --- | --- |
| **Names and contact details of those who support you (with their consent):** | |
| **Name:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Relationship to you:** |  |
| **Name:** |  |
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**Sending us your form**

Once you are happy with the information you have provided, please send your completed form to the Adult Social Care team in the locality nearest to your home address:

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| --- | --- | --- |
| North Devon:  Care Direct Plus Northern  Adult Social Care  20 St George’s Road  Barnstaple  EX32 7AU | South Devon:  Care Direct Plus Southern  Adult Social Care  Estuary House, Collett Way  Brunel Industrial Estate  Newton Abbot  TQ12 4PH | Mid/East Devon:  Care Direct Plus Eastern  Adult Social Care  Great Moor House  Bittern Road  Sowton  Exeter  EX2 7NL |

**What happens next?**

When we have received your form, we will review it and contact you to discuss your situation and how we can work together.

We will normally contact you by telephone unless you have asked us to get in touch in some other way.

We aim to contact you and work with you within 28 days of receiving your form.

If we do provide a service to meet your eligible needs, we will talk to you about having a financial assessment. You may need to make a contribution towards the cost of your care and support.

**National Eligibility Criteria**

We apply national Care Act (2014) eligibility criteria to decide if we can provide you with social care support.

We will meet your social care needs if an assessment shows that:   
- your needs arise from, or are related to, a physical or mental impairment or illness AND  
- as a result of your needs, you are unable to achieve two or more specified outcomes in the Care and Support (Eligibility Criteria) Regulations 2014

AND  
- as a consequence there is, or is likely to be, a significant impact on your wellbeing.

For more information about policy’s with regards to being financially assessed and the eligibility criteria, please take a look here:

<https://new.devon.gov.uk/care-and-health/adults/policies-and-procedures/>

End of the Form