|  |  |
| --- | --- |
| **CT ID** | Click or tap here to enter text. |

**Household Support Grant - Hampshire**

**CARERS REFERRAL FORM - Grants and Vouchers**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Contact | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| ***Section One - for completion by: Andover MIND / Carers Together Hampshire / Princess Royal Trust for Carers Hampshire or other organization referring to these carer support organisations e.g. Adults’ Health and Care (AHC) Practitioner or other partner.*** ***If AHC or other partner: Complete section one to refer to any of the above carer support organisations; email form or phone them with the corresponding details, they will then follow-up re. section two. Ensure you follow your organisation’s consent and data sharing protocols when making a referral.*** |
| **Carer Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Gender of carer** | Click or tap here to enter text. | **Ethnicity of carer** | Click or tap here to enter text. |
| **Carer Age Range (Range or figure)** | Click or tap here to enter text. | **Number of people carer is looking after** | Click or tap here to enter text. |
| **Primary need of cared-for person(s)** | Click or tap here to enter text. |
| **Name of cared-for person(s)** | Click or tap here to enter text. |
| **Address of cared-for person(s)** | Click or tap here to enter text. |
| **Age of cared-for person(s)** | Click or tap here to enter text. |
| **Gender of cared-for person(s)** | Click or tap here to enter text. | **Ethnicity of cared-for person(s)** | Click or tap here to enter text. |
| **Reason for referral (please include whether referral is for a supermarket voucher OR for other items paid for directly from carers organisation)** |
| Click or tap here to enter text. |

**Section Two – to be completed by organisation issuing the funds (Andover MIND / Carers Together in Hampshire / Princess Royal Trust for Carers Hampshire) Please indicate below which option you are using:**

|  |  |
| --- | --- |
| Supermarket voucher | Click or tap here to enter text. |
| Other Items | Click or tap here to enter text. |

|  |
| --- |
| **Section Three – if using Supermarket Voucher** |
| **Any previous vouchers received via this source of funding?** | Click or tap here to enter text. |
| **Choice of supermarket (from list in the voucher system)** | Choose an item. |
| **Voucher Amount** | Click or tap here to enter text. |
| **Date Issued** | Click or tap here to enter text. |
| **Issued by Name** | Click or tap here to enter text. |
| **Section Four – If other items have been selected, please detail the value and a brief description of the item(s)** |
| **Item(s)** | Click or tap here to enter text. |
| **Amount** | Click or tap here to enter text. |
| **Panel sign off (if over £500)** | Click or tap here to enter text. |

**Organisational Contact Details:**

* **Andover MIND**

Tel: 01264 332297 Email: enquiries@andovermind.org.uk

* **Carers Together Hampshire**

Tel: 01794 519495 Email: support@carerstogether.org.uk

* **Princess Royal Trust for Carers Hampshire**

Tel: 01264 835246 Email: Info@carercentre.com

**Supermarkets who are participants in the voucher scheme:**



Note: Information accurate as of 20-12-22 – screenshot from voucher distribution website.