

FACE Overview Assessment

v0.11

Family Name:				Title:	
Given Name(s):					
Preferred Name:				Gender:	Male ☒ Female ☐
Date of Birth:	7 th August 2006	Age at time of assessment:	17		

Supporting you in your assessment

Preferred language:	English	Do you need an interpreter?	Yes ☐	No ☐
Do you consider yourself to be any of the following:	Deaf ☒	Blind ☒	Deafblind ☒	
Do you have communication difficulties?			Yes ☐	No ☒
Do you have any difficulties with understanding and/or retaining information?			Yes ☐	No ☒
Do you have any difficulties making decisions and/or understanding their impact?			Yes ☒	No ☐

If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment

Details of difficulties and what would help you communicate more easily during your assessment
e.g. a family member or friend present, an independent advocate, specialist communication support

Not really.

Anxiety can hinder his engagement with people.

Other people involved in your assessment

e.g. advocate, family, friend, other professional(s)

About You

Your personal and family background

including important recent events or changes in your life

What areas of your life do you most enjoy or value?

including your main interests and where you can most contribute

Using to be really active – tennis, swimming.

Doesn't go outside completely

Watches things on tablet, tv, chatting with family

Watching videos, games.

Did have help with early help

Youth centre – twice – not going back

Walked

What changes would most improve your wellbeing or quality of life?

What is most important in your life?

What is working well and what can you do for yourself?

What make you feel safe?

What would most improve your wellbeing or quality of life?

Is there anything or anyone in your life that can improve your situation?

Your family, carer(s) or advocate's views

Do you have any concerns about how others treat you?

e.g. neglect, abuse, discrimination

Yes ☐

No ☐

Details:

Your home and living situation

Based on a typical week

Includes the eligibility outcome: Maintaining a habitable home environment

Are you currently staying in a hospital or other NHS facility?

Yes ☐

No ☒

Current living situation:

i.e. living with friends/family/supported/sheltered

Current tenure:	Owner occupier or shared ownership scheme	Tenant	Tenant (private landlord)	N/A
	☐	☐	☐	☒

Maintaining your home in a sufficiently clean and safe condition

Your situation	Little or no difficulty/risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☐	☒	☐	☐	☐	☐

Details of your needs
maintaining your home in a sufficiently clean and safe condition

Room is tidy

Sleep on couch

Very sensitive to things on surfaces.

Details of what you would like to achieve
Maintaining your home in a sufficiently clean and safe condition

Managing Paperwork, Managing Finances

Are you able to manage your own day-to-day paperwork?	Yes ☐	No ☒
Are you able to manage your own finances?	Yes ☐	No ☒

Details of your needs
managing paperwork, managing finances

Alfonse (Dad) is responsible for benefits.

Has a good understanding of money.

Very good at the internet

Are you able to access/use the Internet?	Yes ☒	No ☐
Are you using specialist technology to help you manage at home? e.g. telecare	Yes ☐	No ☐
Do you have any concerns about your current home and living situation? e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms	Yes ☐	No ☐

Details:

Eating healthily and safely

Shopping for food/essentials Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☐	☐	☒	☐	☐	☐
Preparing meals/ snacks/ drinks Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☐	☒	☐	☐	☐	☐
How often do you need support? None/once daily/twice daily etc.						
Eating & Drinking Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐

Details of your needs

shopping, preparing meals/snacks/drinks, eating and drinking

Do everything for him.

He would know what to do –

Anxiety – overwhelming

Sandwiches – ham on bread

Ready made meal.

Used to be good.

Fussy with food – pasta, pizza, chicken nuggets.

Details of what you would like to achieve

shopping, preparing meals/snacks/drinks, eating and drinking

Do you have any dietary or eating difficulties that put you at risk or require skilled support?

Yes ☒

No ☐

Your Personal Care

Based on a typical week

Includes the eligibility outcome: Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed

Using the toilet / managing continence

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐

Details of your needs

using the toilet/managing continence

Details of what you would like to achieve

using the toilet/managing continence

Maintaining Personal Hygiene

e.g. wash hands/face, hair, nails, shave

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☐	☐	☐	☐	☐	☐

Washing Whole Body

e.g. taking bath, shower

Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☐	☐	☐	☐	☐	☐

Details of your needs

maintaining personal hygiene, washing whole body

He can shower but he is refusing to shower.

Nags him and then just does it himself. Doesn't recognise

Details of what you would like to achieve

maintaining personal hygiene, washing whole body

Dressing and Undressing						
Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐
Details of your needs dressing, undressing						
He knows what he can put on. He refused to put a coat on.						
Details of what you would like to achieve dressing, undressing						
Your Mobility Based on typical week						
Moving around the home	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐
Transfers	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐
To what extent does your weight impact on your mobility? e.g. if overweight or underweight/frail		No impact	Minor impact (getting around takes a bit longer)	Major impact (getting around takes a lot longer)		N/A
		☒	☐	☐		☐
Is there a risk of harm to others when assisting with your mobility/transfers?					Yes ☐	No ☐
Staying comfortable/ repositioning Your situation	Little or no difficulty/ risk (can manage alone)	Significant difficulty/ risk (sometimes needs help)	Significant difficulty/ risk (always needs help)	Unable to manage (needs one other to undertake)	Unable to manage (needs two others to undertake)	N/A
	☒	☐	☐	☐	☐	☐
Details of your needs staying comfortable/repositioning						
Details of what you would like to achieve staying comfortable/repositioning						
Do you require regular support for a skin condition or to prevent one developing?		No support required	Support to manage risk	Support to treat condition		N/A

	☐	☐	☐	☐
Do you have any pressure ulcers?	No current ulcers	Minor ulcer(s) i.e. grade 1	Significant ulcer(s) i.e. grade 2	Severe ulcer(s) i.e. grade 3 or 4
	☐	☐	☐	☐
Details of your needs managing skin condition(s)				
Social relationships and activities Based on typical week				
Includes the eligibility outcome: Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services				
The relationships that are most important to you and anything you would like to improve or change e.g. relationships with carers, family, friends, neighbours, volunteers				
Details of your needs maintaining relationships that are important to you				
Details of what you would like to achieve maintaining relationships that are important to you				
Are you able to access the community?	Yes, independently	Yes, if accompanied	No	
	☐	☒	☐	
The support you need to stay safe out in the community	No safety concerns	Safety checks by phone	Supervision of one person	Supervision of two (or more) people
	☐	☐	☒	☐
Details of your needs staying safe in the community				
Someone in the beginning Road safety – very good. Stranger – he was a very popular boy, lots of people around him.				
Details of what you would like to achieve staying safe in the community				
The activities that are most important to you and anything you would like to improve or change including social, leisure, cultural and spiritual activities; making a meaningful contribution within society				
The support you need to maintain personal relationships and engage in social activities				

including leisure, cultural and spiritual activities																																											
Able to be independent	Unable to participate	Prefer not to participate	Support to travel only	Background/ group support	One-to-one support	Two-to-one support (or more)																																					
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Details of your needs socialising, contributing to society																																											
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Work, Training, Education and Volunteering Based on typical week Includes the eligibility outcome: Accessing and engaging in work, training, education or volunteering <table border="1"> <thead> <tr> <th>Current paid employment or voluntary work situation</th> <th>Employed/Self-employed (16 hours+)</th> <th>Employed/Self-employed (5 - 15 hours)</th> <th>Employed/ Self-employed (up to 4 hours)</th> <th>Voluntary work</th> <th>Not working (seeking work)</th> <th>Not working (not seeking work)</th> <th>Retired</th> </tr> </thead> <tbody> <tr> <td></td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th rowspan="2">Current education/training situation</th> <th>Full time education/training (16 hours+)</th> <th>Part time education/training (15 hours or less)</th> <th>Not in education/training</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table> What would you like to improve or change about your involvement in work, training, education or volunteering? The support you need to participate in work, training, education and volunteering <table border="1"> <thead> <tr> <th>Able to be independent</th> <th>Unable to participate</th> <th>Prefer not to participate</th> <th>Support to travel only</th> <th>Background/ group support</th> <th>One-to-one support</th> <th>Two-to-one support (or more)</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>							Current paid employment or voluntary work situation	Employed/Self-employed (16 hours+)	Employed/Self-employed (5 - 15 hours)	Employed/ Self-employed (up to 4 hours)	Voluntary work	Not working (seeking work)	Not working (not seeking work)	Retired		☐	☐	☐	☐	☐	☐	☐	Current education/training situation	Full time education/training (16 hours+)	Part time education/training (15 hours or less)	Not in education/training	☐	☐	☐	Able to be independent	Unable to participate	Prefer not to participate	Support to travel only	Background/ group support	One-to-one support	Two-to-one support (or more)	☐	☐	☐	☐	☐	☐	☐
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Caring for Others Includes the eligibility outcome: Carrying out any caring responsibilities for a child <table border="1"> <tbody> <tr> <td>Do you have any children that are dependent on you?</td> <td>Yes ☐</td> <td>No ☐</td> </tr> <tr> <td>Do you have any other caring responsibilities?</td> <td>Yes ☐</td> <td>No ☐</td> </tr> </tbody> </table>							Do you have any children that are dependent on you?	Yes ☐	No ☐	Do you have any other caring responsibilities?	Yes ☐	No ☐																															
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Safety and risk

Based on a typical week

Includes the eligibility outcome: Being able to make use of your home safely

Staying safe at home

The support you need to stay safe at home during the day

consider risk of falls and/or wandering, and responding to emergencies

No safety concerns	Alarm/alert system only (i.e. telecare)	Occasional visit(s) to check safety	Daily visit(s) to check safety	Someone else always present within the home	Constant one-to-one supervision	Constant two-to-one supervision (or more)
☐	☐	☐	☐	☐	☐	☐

The support you need to stay safe at home during the night

consider risk of falls and/or wandering, and responding to emergencies

No regular night support (safe alone)	Alarm/alert system only (i.e. telecare)	One support visit per night	Two support visits per night	Three support visits per night	Someone else present all night (wake if needed)	Someone else present all night (awake)	Two (or more) people present all night
☐	☐	☐	☐	☐	☐	☐	☐

Details of your needs

making safe use of your home

For example

Emergency – Can they safely get out on their own?
Knows the emergency number.

Are they aware of people coming to the door not being who they might say they are?

Are they able to use kitchen appliances safely?

He would just be here.

Details of what you would like to achieve

making safe use of your home

Risks

Current risk of falls	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	☐	☐	☐	☐	☐
Current risk of self-neglect causing deterioration to health/safety	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	☐	☐	☐	☐	☐
Current risk of harm to self e.g. self-injury	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	☒	☐	☐	☐	☐
Current risk of harm/injury to your carer	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	☐	☐	☐	☐	☐
Current risk of harm to others/property	No apparent risk	Low apparent risk	Significant risk	Serious apparent risk	Serious and imminent risk
	☐	☐	☐	☐	☐

Details of risks:

If there are concerns about your safety, a risk assessment may be needed (we will follow local Safeguarding Adults guidelines).

Your mental health and well-being

Do you or have you ever suffered from a serious mental health issue?	Yes ☐	No ☐
Have you had contact with mental health services in the past year?	Yes ☐	No ☐

Details:

Catherine Morris – CAHMS b

Emotional well-being	No difficulties		Low/ anxious once or twice per week		Low/ anxious most days; impacts behaviour		Daily severe mood disturbance; wide impact		Continuous and severe difficulties; withdrawn		
	☐		☐		☐		☐		☒		
Memory / orientation	No difficulties		Mild but definite forgetfulness - e.g. names			Marked forgetfulness; some disruption		Disoriented in time/ place/ person		Severe disorientation	
	☒		☐			☐		☐		☐	
Planning and decision-making	No difficulties		Some difficulty with complex decisions		Difficulty with decisions regarding activities		Severe difficulty with decisions even with support		Unable to assess/ appreciate basic risks		
	☐		☒		☐		☐		☐		
Behaviour affecting self or others e.g. aggression, self-harm	No difficulties		Occasional behaviour out of the ordinary			Behaviour of concern; no history of harm		Behaviour of concern; history of harm to self/others		Constant/ severe concern of harm to self/ others	
	☒		☐			☐		☐		☐	
Impact of your mood or wellbeing on your acceptance of support	No difficulties		Sometimes a problem (encouragement often needed)		Often a problem (unable/ unwilling to engage)		Usually a problem (rarely able/ willing to engage)		Always a problem (unable/ unwilling to engage)		N/A
	☐		☐		☒		☐		☐		☐

Details of your needs

emotional wellbeing, memory/orientation, planning and decision-making, behaviour affecting self or others, impact of mood/wellbeing on acceptance of support

Emotional Wellbeing –

Memory/Orientation –

Planning and Decision Making –

Behaviour affecting self or others –

Impact of your mood or wellbeing on your acceptance of support -

Will say it. Stop it.

Details of what you would like to achieve

emotional wellbeing, memory/orientation, planning and decision-making, behaviour affecting self or others, impact of mood/wellbeing on acceptance of support

How effective is the support of others in minimising risks to you or others around you?

No risks requiring support

Fully effective (all risk is removed)

Partially effective (some risk remains)

Not effective

N/A (no support currently in place)

☐☐☐☐☐

Details

If you have mental health issues, you may need a specialist assessment or referral for e.g. a mental capacity assessment.

Health conditions and disabilities that impact your wellbeing

Health Conditions

Details

including any relevant medical history

Autism
Anxiety

How often do your needs significantly change/vary due to your condition(s)?

On a daily basis

On a weekly basis

On a monthly basis

Less than monthly/
rarely

☐☐☐☐

Details

Needs stay the same

Details of any sensory impairment(s)

based on typical week

Impact of sensory impairment	No real impact (resolved by sight/hearing aids)	Mild impact (difficulty with some activities)	Significant impact (daily living restricted)	Major impact (limited independence/isolation risk)	Severe impact (daily living extremely limited)	N/A
	☐	☒	☐	☐	☐	☐

Your medication and symptoms

based on typical week

Are you currently taking any prescribed medication?

Yes ☐

No ☒

What support do you need with taking or applying medication?

None (independent/managing with equipment)

Reminders only (e.g. telephone, telecare)

Someone present to prompt/supervise

Administration by carer/ care worker/ nurse

Specifically-trained carer/ care worker/ nurse

☐

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☐

☐

☐

How often do you need support?

weekly/daily/hourly

Details of your needs

medication

Does your physical condition or any medication that you are taking cause you distress or pain?

No significant distress/ pain at present

Mild distress/ pain; arising from certain activities

Moderate/ severe distress/ pain (significant impact)

N/A

☒

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☐

Are you getting adequate relief from pain or other distressing physical symptoms?

Yes ☐

No ☐

Details of your needs

managing distress/pain from health conditions

If you have needs in relation to medication, arrangements may need to be made for a review or an appropriate referral.

Do you have any difficulties with breathing?

No difficulties (except strenuous exercise)

Some difficulties but no impact on daily life

Regular difficulties that limit some activities

Severe difficulties that limit most/ all activities

☒

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☐

Do you have any difficulties maintaining consciousness?
e.g. due to epilepsy, seizures, blackouts

No current or previous difficulties

History of difficulties but well-managed/ low risk

Occasional episodes - carer supervision needed

Occasional episodes - skilled support needed

Frequent episodes - carer supervision needed

Frequent episodes - skilled support needed

N/A

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Support you will receive on an ongoing basis from family/friends/volunteers

This should be based on typical week

Details of support you currently receive from family, friends or volunteers including what's working well and not so well

Will you receive **ongoing** support from family, friends or volunteers?

Yes ☐

No ☐

Keeping your home clean and safe

No identified need	☐	Some support provided by family/ friends/ volunteers	☐	All support provided by family/ friends/ volunteers	☐	No support provided by family/ friends/ volunteers	☐
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Managing your paperwork and finances

No identified need	☐	Some support provided by family/ friends/ volunteers	☐	All support provided by family/ friends/ volunteers	☐	No support provided by family/ friends/ volunteers	☐
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Shopping for your food/essential items

No identified need	☐	Some support provided by family/ friends/ volunteers	☐	All support provided by family/ friends/ volunteers	☐	No support provided by family/ friends/ volunteers	☐
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Preparing your meals/snacks/drinks and helping you to eat and drink

Morning

No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 morning per week	☐
Family/friends/volunteers support 2 mornings per week	☐	Family/friends/volunteers support 3 mornings per week	☐	Family/friends/volunteers support 4 mornings per week	☐	Family/friends/volunteers support 5 mornings per week	☐
Family/friends/volunteers support 6 mornings per week	☐	Family/friends/volunteers support 7 mornings per week	☐				

Daytime

No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 daytime per week	☐
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Evening

No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 evening per week	☐
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Managing your personal care tasks

using toilet/managing continence, washing, dressing/undressing

Morning

No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 morning per week	☐
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Supporting your medication							
Morning							
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Family/friends/volunteers support 2 evenings per week	☐	Family/friends/volunteers support 3 evenings per week	☐	Family/friends/volunteers support 4 evenings per week	☐		☐
Family/friends/volunteers support 5 evenings per week	☐	Family/friends/volunteers support 6 evenings per week	☐	Family/friends/volunteers support 7 evenings per week	☐		☐
Social, leisure, cultural and spiritual activities							
No identified need	☐	No support provided by family/friends/ volunteers	☐	Family/friends/volunteers support less than weekly	☐		☐
Family/friends/volunteers support once a week	☐	Family/friends/volunteers support 2-3 times a week	☐	Family/friends/volunteers provide daily support	☐		☐
Work, training, education or volunteering							
No identified need	☐	No support provided by family/friends/ volunteers	☐	Family/friends/volunteers support less than weekly	☐		☐
Family/friends/volunteers support once a week	☐	Family/friends/volunteers support 2-3 times a week	☐	Family/friends/volunteers provide daily support	☐		☐
Ensuring you stay safe during the day							
Morning							
No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 morning per week	☐
Family/friends/volunteers support 2 mornings per week	☐	Family/friends/volunteers support 3 mornings per week	☐	Family/friends/volunteers support 4 mornings per week	☐		☐
Family/friends/volunteers support 5 mornings per week	☐	Family/friends/volunteers support 6 mornings per week	☐	Family/friends/volunteers support 7 mornings per week	☐		☐
Daytime							
No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 daytime per week	☐
Family/friends/volunteers support 2 daytimes per week	☐	Family/friends/volunteers support 3 daytimes per week	☐	Family/friends/volunteers support 4 daytimes per week	☐		☐
Family/friends/volunteers support 5 daytimes per week	☐	Family/friends/volunteers support 6 daytimes per week	☐	Family/friends/volunteers support 7 daytimes per week	☐		☐
Evening							
No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	Family/friends/volunteers support 1 evening per week	☐

Family/friends/volunteers support 2 evenings per week	☐	Family/friends/volunteers support 3 evenings per week	☐	Family/friends/volunteers support 4 evenings per week	☐	
Family/friends/volunteers support 5 evenings per week	☐	Family/friends/volunteers support 6 evenings per week	☐	Family/friends/volunteers support 7 evenings per week	☐	
Supporting you during the night						
No identified need	☐	No support provided by family/friends/volunteers	☐	Relative/friend is 2nd carer where 2 carers needed	☐	
Family/friends/volunteers support 2 nights per week	☐	Family/friends/volunteers support 3 nights per week	☐	Family/friends/volunteers support 4 nights per week	☐	
Family/friends/volunteers support 5 nights per week	☐	Family/friends/volunteers support 6 nights per week	☐	Family/friends/volunteers support 7 nights per week	☐	
Other ongoing support:		Escorting you or providing transport ☐		Helping you communicate with others ☐		
		Providing company/emotional support ☐		Helping you care for children ☐		
Details of all ongoing support to be provided by family, friends or volunteers where this is safe and can be sustained						
Are there any people in particular who provide you with a high level of support?					Yes ☒	No ☐
Impact of caring on your main carer's independence	Little/ no restriction on activities	Minor restriction on activities	Significant restriction on activities	Many activities dropped due to caring role	Independence severely restricted	N/A
	☐	☐	☐	☐	☒	☐
Are arrangements in place to support you if your main carer(s) are ill or unavailable?					Yes ☐	No ☐
Details of impact and arrangements						
Joint Assessment						
Is this a Joint Carer(s)/Cared-For Person Assessment?	No - carer refused ☐		No - not applicable ☒		Yes - joint assessment ☐	
I would like to complete the Joint Carer's supplement at this time					Yes ☒	No ☐
Further details to be completed by a social care authorised person, where relevant						