Carers Contingency Plan

Having a plan in place can help ease your worries if you're not able to care for the person you look after at any point in the future. Make sure you let your emergency contacts know where to find the information and keep their contacts handy so you or someone else can get in touch with them.

About you

Your Name	
Preferred name	
Your Address	
Postcode	
Your phone number	
Details of caring role	**How many hours a week do you provide care?** ☐ 0 - 7hrs ☐ 8 - 24hrs ☐ 25 - 35hrs ☐ 36 – 50hrs ☐ 24/7 **Do you provide:** *Mark all that apply.* ☐ Emotional support: listening and talking. ☐ Household chores: cleaning, cooking, washing, ironing, or shopping. ☐ Medication support: picking up medication, reminding about medication or physically helping someone with tablets or creams. ☐ Personal care: eating, getting to the toilet, washing, and dressing. ☐ Physical care: mobility support around their home.☐ Administrative support: help with appointments and documentation. ☐ Caring at a distance: providing support and contact to someone in secure services. **Other, please detail:**

About the person you care for

Their Name	
Preferred name	
Their Address (if different from above)	
Postcode	
Their phone number	
Emergency contact details *(Other than you, please give relationship to cared for person)*	
Next of kin and relationship to cared for person	

Diagnosis	*Mark all that apply.* ☐ Dementia/Alzheimer's ☐ Learning Disability ☐ Autism spectrum ☐ Physical disability ☐ Mental Health ☐ Elderly and/or frail ☐ Other please specify below:
Communication needs such as hard of hearing, language barrier **All other sensory needs**	*Mark all that apply.* ☐ Hearing impairment ☐ Sight impairment ☐ Other language *Please specify language below:* ☐ Other sensory needs *Please specify below:*
Mobility issues and walking aids used (Transfer means being able to safely sit up from lying position or stand up from a sitting position)	**Can the person you care for:** *Mark all that apply.* ☐ Transfer independently. ☐ Requires support for transfer.

	☐ Cannot transfer without equipment. **Equipment used e.g., hoist, walking frame, wheelchair.** ☐ Yes ☐ No Please specify what equipment is used, if any, below:
Any dietary requirements or allergies	☐ Yes ☐ No Details below:
Please tell us where the cared for persons current medication is kept and where the repeat prescription form is kept? *(Please ensure this is completed so we have details of the medication)*	
Any other regular or ongoing treatment *(Hospital or GP visits etc)*	
How to access the property *(Key safe details, who holds a spare key; are there any pets? etc)*	☐ Key Safe – code: ☐ Spare Key – held by: ☐ Pets – please give details of who can take care of the pet in your absence: Do you use a regular pet sitter/dog walker/ kennel or cattery? Are you a member of the Cinnamon Trust and their lifelong pet care scheme?
Their GP details *(Including phone number)*	
Their paid care providers *(If applicable) including phone number*	

Emergency contacts

Details of people who could assist in an emergency. If you feel there is nobody you could call on in an emergency, Shropshire Council's First Point of Contact team can be called on to support if you are registered on the database. Contact number: 0345 678 9044.

Name and relationship to you both	Contact number

Other important information, for the person with care needs.

Please ensure people holding powers of attorney/deputyship are aware of the wishes of the person you care for and yourself

☐ Health and Welfare Power of Attorney for the person I care for held by:

☐ Property and financial affairs Power of Attorney for the person I care for held by:

☐ Court of protection deputy(s) for the person I care for are:

☐ An advance directive has been made. If ticked, please give details:

Other important information, regarding you, the carer

Please ensure people holding powers of attorney/deputyship are aware of the wishes of the person you care for and yourself

☐ Health and Welfare Power of Attorney for me the carer, held by:

☐ Property and financial affairs Power of Attorney for me the carer, held by:

☐ An advance directive has been made. If ticked, please give details:

Consent

We give our consent for our details, collected on this emergency plan, to be held on Shropshire Council's database for use should an emergency situation arise.

Signed: Carer……..

Signed: Person with care needs……..

Shropshire Council Adult Social Care First Point of Contact details:

Office hours: **0345 678 9044**
Mon-Thurs 8-45am -5-00pm Fri 8-45am to 4-00pm

Out of hours: **0345 678 9040**

Remember to check and update the details on this plan regularly.

You can get more details and copies of this form online or by contacting Shropshire Carers team on 01743 341995 or email: Shropshire.Carers@shropshire.gov.uk

Please give a copy of this plan to your chosen contacts and to Shropshire Carers Support team either by email: Shropshire.carers@shropshire.gov.uk or post to: Community Partnership Team, The Guildhall, Frankwell Quay, Shrewsbury SY3 8HB

For office use

LAS No	