**[Your Full Name]**

**[Your DOB]**

**[Your Address]**

**[Name of your Social Worker]**

**[Date]**

**FORMAL REQUEST FOR A YOUNG CARER’S NEEDS ASSESSMENT (S.17ZA CHILDREN ACT 1989)**

Dear Sir/Madam, **[Or Name if Known]**

This is a request for a young carer’s needs assessment (as per s.17ZA(1) of the Children Act 1989). **[I am writing on my own behalf / The young carer concerned is]**:

NAME:

ADDRESS:

D.O.B:

REF:

It is a request for an assessment of whether it is appropriate for **[me / name of young carer]** to provide for the care needs of:

NAME:

ADDRESS:

D.O.B:

REF:

If so, please also assess of how best you can support **[me / name of young carer]**. This is because providing for **[Name of person]**’s care is impacting negatively on **[my / name of young carer’s]** **[education / working / recreation].**

**What Should Happen Next**

Please therefore arrange the assessment. You may wish to arrange a home visit to conduct the face-to-face reassessment. **[If a face-to-face reassessment is deemed impractical, I also consent to a remote reassessment.]**

If I can be of any further assistance with this, please do get in contact with me. My contact details are provided at the top of this letter should you need to contact me or to acknowledge receipt of this letter.

I have written this letter using a guide that has been provided by the Disability Law Service.

I look forward to hearing from you shortly.

Yours sincerely,

**[Full Name]**

**[Your Signature]**