

Supporting Families in Alton, Bordon & Liphook

Request for Support



Date request received (scheme use) _____

Please note that all referrals must be made with the consent of the family. Home-Start will seek the ongoing consent of the family as our support continues.

Name of family Family Number (scheme use).....

Address.....

.....Postcode

Tel. No Mobile No E mail

Please provide some details about the adults caring for the child[ren]:

	Name	Main carer ✓	Resident in household ✓	Relationship to child/ren if applicable
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

Referred By: Name Role Agency Address E mail Tel	Health Visitor Tel E mail Other agencies supporting the family:
---	--

Please ✓ all that apply to this family:

Lone parent	substance misuse	domestic abuse	mental health issues	learning disabilities	post natal depression	Interpreter required	teenage pregnancy 19yrs or younger	other please specify
-------------	------------------	----------------	----------------------	-----------------------	-----------------------	----------------------	------------------------------------	----------------------

Are there any Health and Safety issues that we need to consider when placing a volunteer with this family (please include details of any animals within the home):

.....

Have you visited the family home Y/N

Please add any background information that you think we would find useful (if necessary attach an extra sheet).....

.....

Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family's needs.

I hope that Home-Start will help meet needs the family has in the following areas:

Family needs	√	If you have ticked, please tell us <u>why</u> this is a need
Managing child's behaviour		
Being involved in the child(ren)'s development		
Coping with own physical health		
Coping with own mental health		
Coping with feeling isolated		
Parent's self-esteem		
Coping with child's physical health		
Coping with child's mental health		
Managing the household budget		
The day-to-day running of the house		
Stress caused by conflict in the family		
Coping with multiple birth/multiple children under 5		
Use of services		
Other (please describe)		
Parents own learning needs		

Details of Children (Please record all dependent children in the household)

Child's name Eldest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ YES/NO?	Asian				Black			Chinese or Other Ethnic Group		Mixed	White			Subject to EHH assessment / TAF (✓)	Child in need ✓	Child protection plan (✓)	Who is the professional lead?		
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other Ethnic		British	Irish	Other White						
C1.																										
C2.																										
C3.																										
C4.																										
C5.																										
C6.																										
C7.																										
C8																										
C9																										
C10.																										

Please complete those boxes which apply to any of the children.

Details of members of the household with responsibilities for caring for the children (Please ensure all details are completed)

	Gender		Date of birth	Immigration status			Consider themselves to be disabled	Asian				Black			Chinese or Other Ethnic Group		Mixed	White		
	Male	Female		Asylum seeker	Refugee	Pending		YES/No	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

Thank you for taking time to provide this information. The information given above will be stored securely either electronically and/or in paper form to process this Request for Support.

I give consent to Home-Start Hampshire to process the information shared on this Request for Support form.

Referrer's signature Date

Parent's signature Date

We will try to respond to you within two weeks of receipt of this Request for Support. We will remain in touch while supporting this family and will contact you when the support ends

Please return completed Request for Support Form to: Room 35, Building 51, Whitehill & Bordon Enterprise Park, Budds Lane, Bordon GU35 0FJ
e-mail: weywater@hshants.org.uk

