**GREEN GABLES REFERRAL FORM**

P**lease tick which part of the service you require: Date Received:**

□ **Accommodation** (Age 16-25 young parents’ or mum’s to be).

 We currently manage tenancies in the following areas of Doncaster. Mexborough, Denaby and Askern

□ **Floating Support** (Age 16+ with care of a child) **Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Alias: |  |
| Date of Birth: |  | Age: |  |
| NI Number: |  | First Language: |  |
| Tel Number: |  | Gender: |  |
| Married/Couple/Single: |  | Disability:(Mental/Physical) |  |
| Sexuality: |  | Preferred pro-noun: |
| No. of children or expected date of delivery: |   | Religion: |  |
| Address:Email address : |  | Ethnicity:(Please tick) | White/BritishWhite/OtherBlack CaribbeanBlack AfricanBlack OtherIndianPakistaniBangladeshiChineseOther |

**Partner/ Children (please continue on back page if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relation to applicant | Age: | D.O.B | Address or/and Contact Number if different to applicant: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Referring Agent Details**

|  |  |
| --- | --- |
| Name:  | Position: |
| How long have you known the applicant: | Address:Contact Number:Email address: |
| Has an EHA been completed for any of the children/young people? Yes / No (please circle) | Which child/ren or young person has a EHA? |

**Housing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Situation** | **Yes** | **No** | **N.A** |
| If aged 16/17 do you have an allocated Social Worker? If you have indicated Yes please provide Social Worker’s Name and Contact Details? |  |  |  |
| Are you in the process of being evicted? |  |  |  |
| Do you require support due to overcrowding? |  |  |  |
| Are you at risk of becoming homeless |  |  |  |
| Do you require support in dealing with repairs or landlord issues |  |  |  |
| Are you in the process of moving? |  |  |  |
| Do you have any rent arrears or owe money to housing benefit? |  |  |  |
| Do you have a current landlord? If you answer Yes please indicate who this is and their contact details: |  |  |  |

**Education, Employment and Income Details**

|  |  |
| --- | --- |
| **Currently in Employment:**   | **Employer Details if applicable:** |
| **In receipt of Benefits:**   | **Please indicate which benefits:** |
| **Currently in Training or Education:**  | **Please indicate what training/course and where?** |

**Support Needs –** Please indicate the area(s) you require support with: (Tick as applicable)

You will be asked for more details at interview stage.

|  |  |  |  |
| --- | --- | --- | --- |
| Parenting Support |  | Alcohol or Drug Issues |  |
| Child Protection |  | Mental Health Issues |  |
| Home Safety |  | Managing your home  |  |
| Personal Safety |  | Healthy Eating |  |
| Benefits |  | Sexual Health Support |  |
| Budgeting/Debt/ Arrears |  | Accessing other services |  |
| Acquiring Furniture |  | Community Involvement |  |
| Community Involvement |  | Confidence & Self Esteem |  |
| Education/ Training/ Employment |  | Religious / Cultural support |  |

**Risk Assessment & Support**

Please indicate any risk associated with the applicant. Further information will be requested at interview. Information collected is used to ensure the right level of support is given to manage the risks identified.

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Risks:** | **Yes** | **No** | **Details** |
| Support with violence and aggression towards others including domestic violence |  |  |  |
| Support with Abuse and/or Harassment towards others |  |  |  |
| Support with child protection concerns |  |  |  |
| Issues regarding sexual assault |  |  |  |
| Support with mental health issues |  |  |  |
| Historic or Current Self Harm |  |  |  |
| History of being abused, harassed or exploited |  |  |  |
| Historic or current alcohol misuse |  |  |  |
| Historic or current drug misuse |  |  |  |

 **Communication needs**

Do you have any information or communication needs that we need to be aware of to support you at interview stage?  If so please identify:

**Confidentiality & Consent to Share Information**

The information collected about you and your family is for the sole purpose of providing the most appropriate support for you and your family. The information you tell us will be shared within the team and other services currently involved with your family once you tell us that you are happy for us to do this by the completion and signing of this consent form.

Green Gables has a duty to inform Statutory services of any known illegal activity, or safeguarding concerns involving children or vulnerable adults.

In order for Green Gables to provide the right support package for you and your family relevant safeguarding checks are carried out with Social Care, housing and benefit services.

**Telephone Referral**

**I .................................................................. (Applicant) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet both mine and the needs of my family.**

**I .................................................................. (Partner) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet both mine and the needs of my family.**

**I .................................................................. (Parent of child under 13 years) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet the needs of my child, ……………………………………………………...(child’s name)**

**I .................................................................. (Parent of child under 13 years) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet the needs of my child, ……………………………………………………...(child’s name)**

**I .................................................................. (Child 13 years or over) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet my needs.**

**I .................................................................. (Child 13 years or over) give my consent for Green Gables to liaise with the relevant professionals and share information with other services to access the best support to meet my needs.**

**Early Help Assessment Framework**

Where there are multiple needs within any family Green Gables will complete an Early Help Assessment on all children and young people with that family unit. Alternatively Green Gables will use their own internal assessment model.

As you enter our service your key worker will complete an Early Help Assessment to find out the areas you require support with. Within this process we will also look at other professionals who could support you to meet the needs you have identified. The assessment ensures all professionals involved in your support provide you with the necessary skills you need to achieve the goals you have identified.

Every 12 weeks alongside other professionals we will review your support needs and the progress you are making by holding a ‘Team around the child’ meeting (TAC).

All record indicating that a CAF assessment has been completed is noted on a DMBC. The information stored on DMBC database can only be accessed by professional workers. The CAF will support all professionals in ensuring your needs are met to the fullest.