

Request for FSS Level 2 Service

Request information *(please complete this form with the parent/carer)*

Family details

Family Name:	
Address:	
Contact tel. no.:	Mobile: Email:

Parent/carer *(please record details of those present or from whom consent has been received)*

Full name	Date of birth	Relationship to child	Working, F/T, P/T or N/W

Children *(please include all children within the household and details of any pregnancy)*

Full name	Date of birth or EDD unborn baby	M	F	School/pre-school/nursery attended

Requester details

Name:	
Role:	
Organisation:	
Tel No.	
Email:	
Date Completed:	

Other agencies currently involved with the family

(Please tick and add names and numbers if possible)

Family doctor		Housing	
Health visitor		Midwives	
Children's Social care		NHS Speech and Language Therapy	
Home-start		Paediatrician	
Nursery/Pre-school/School		Portage	
Domestic Abuse services		Supporting (troubled) Families Worker	
Adult mental health/drug/alcohol services		Voluntary Organisation	
CAMHS		Other	

What support does the family require?

Please note: At level 2 this should be a single issue.

Any family with a child or young person who lives in Hampshire and has been identified as in need of additional support is eligible. When discussing the type of support required with parent(s)/carer(s), practitioners should ensure that the needs of the child/young person are at the forefront.

Please tick the issue that you wish to address below relating to this request for support

Challenging Behaviour		Parenting challenges		Substance misuse	
Eating		Routines		Toileting	
Financial concerns		Separation / anxiety		Personal hygiene	
Housing		Sleep		Other	

If other, please specify

What support do you require from the Family Support Service?

Please tick the relevant area below

Surgery	Evidence Based Programmes	Priority Support Group
SOS Parent	PEEP (0-2)	Young Parent
	Incredible Years (2-8)	Freedom Programme
	HENRY (0-8)	Other
	Family Nurture (2-19)	
	Triple P (3-19)	
	Speak Easy	
	Other	

If Other. Please Specify

For more information on the types of programmes available please contact your local FSS Hub

Any further information you would like us to know

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Information Sharing Consent:

I understand that information gathered regarding myself and my family will be used only for the purpose of providing, coordinating and evaluating Early Help / Supporting Families services to my family. I understand that this information will be stored on the Hampshire County Council database.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide coordinate and evaluate Early Help services to support the family. I understand that this may include health organisations, education, housing and social care services, police, youth offending team, criminal justice, registered social landlords, DWP, and also services that have been obtained both locally and across Hampshire to co ordinate, evaluate and provide early help support to families.

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures (4LSCB) will be followed and this has been explained to me.

Parent / Carer signature:		Date:	
Name:			
Young Person signature:		Date:	
Name:			
Requester signature:		Date:	
Name:			