**Request For Service - Barnsley Central Area**

**Support Service for New Mothers**



This service is a voluntary option for new mums and their families.

It is free of charge to families and confidential

***Consent of the parent needs to be obtained before requesting the service: Has this been obtained? Y / N***

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| --- | --- |
| **Parent’s Name:** |  |
| **Also known as / previous names:** |  |
| **Address:** | |
| **Contact Telephone No:** | **E-Mail Address:** |
| **Date of Birth:** | **Gender:** |
| **Ethnicity:** | **Language Spoken:** |
| **Immigration Status:** | **Disability/Additional Needs:** |
| **Is mother pregnant?** | **EDD:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children’s Details - *Please include names of all children under 18.*** | | | | | | | |
| **Name of child**  (Eldest child first) | **D.O.B** | **M/F** | **Ethnic Origin** | **Additional Needs?** | **Subject to any of the following:-** | | |
| **CAF/FCAF** | **CIN** | **CPP** |
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| **Reason for Request for Service** |
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| --- | --- | --- | --- |
| **Other Agencies Involved** | | | |
| **Agency/Professional Contact Details** | **Reason for Involvement** | **Details of Future Meetings: Date, Time, Venue** | **Tick if aware of RFS** |
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| **Risk Assessment** | | | | |
|  | **Not an Issue** | **Current Issue** | **Previous Issue** | **Not Known** |
| Violent Behaviour |  |  |  |  |
| Drug or alcohol Use |  |  |  |  |
| Mental Health Issues |  |  |  |  |
| Offending History |  |  |  |  |
| Physical/Emotional Abuse |  |  |  |  |
| Guns and Involvement with Gangs |  |  |  |  |
| Safeguarding Concerns |  |  |  |  |
| Smoking |  |  |  |  |
| Pets |  |  |  |  |
| Complaints or Grievances Made Against Professionals |  |  |  |  |
| Possibility of Others Being Present |  |  |  |  |
| **Please provide more details where you have identified any current or previous risk:** | | | | |

**Please √ all that apply to this family:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lone Parent | Substance Abuse | Domestic Abuse | Mental Health Issues | Learning Disabilities | PND (Post Natal Depression) | interpreter Required\* | Teenage Pregnancy 19yrs or younger | Other – Please Specify |

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| **Details of Person Completing the Request for Service Form** | |
| **Name:** | **Role:** |
| **Agency:** | **Address:** |
| **Post Code:** | **Contact Telephone No:** |
| **E-Mail Address:** | **Date RFS Completed:** |
| **Referrer’s Signature:** | |

**Please return to Lesley Brewin at** [lesleyb@familylives.org.uk](mailto:lesleyb@familylives.org.uk)

**Telephone Number: 07971253308**

Remember to offer our helpline number to families that may need support

0808 800 2222. Website – [www.familylives.org.uk](http://www.familylives.org.uk)