Home-Start East Sussex Intake Form  
Being Family Programme

**The Being Family programme is suitable for any parents/carers in East Sussex (not Brighton & Hove) who have at least one baby under 12 months old at the start of the group.**

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| Client Ref No: | | Referral received by: | | | | | |
| Intake date:  Repeat referral? | | **Self-referral**  How did you hear of the programme? | | | **Professional referral**  **Referred By**  Name:  Job Title:  Agency:  Email:  Tel:  Please confirm:  Client is aware of the service  Client consents to this referral | | |
| Do you have sufficient mobile data/minutes or Wifi to access weekly Zoom meetings? Yes/No  Do you have a device that can use the Zoom software? Yes/No  Are you working with any other agencies/support services at the moment? Yes/No  If yes, please detail: | | | | | | | |
| |  |  |  | | --- | --- | --- | | *\*Equality and diversity questions marked with an asterisk are optional. We are strongly committed to creating a safe space that is welcoming and inclusive of everyone within our services. The information below helps us to see where we could be doing better as an organisation. Please help us serve you and the community better by answering these questions, to the best of your ability.* | | | | Client Information | Name:  Pronouns (e.g. she/her, he/him, they/them, etc.): | | | Date of birth: | Gender: | Gender assigned at birth: | | Address: | | | | Tel: | | Email: | | Preferred method of contact? | | \*Ethnicity (please see the bottom of referral for the ethnic groups): | | \*Religion: | | \*Sexuality: Please tick  Lesbian  Gay  Heterosexual/straight  Bisexual  Pansexual  Asexual  Prefer not to say  Other (please specify) | | Primary language: | | | UK national? Y/N  Any immigration concerns? | | | Current living arrangements (e.g. in a rented/owned/sheltered/supported accommodation/social housing, etc. and with whom, e.g. with partner, child/ren, parents, other relatives, other people - please specify, etc.): | | | | Employment status (please give detail): | | | | Relationship status (please give detail): | | | | Any concerns with domestic abuse? Yes/No | | |   **Issues and concerns** (highlight as many as relevant)  We ask for this information to help us understand how we can support you best. Signposting will  be provided to any relevant services that may be able to help with specific issues. | | | | | | | |
|  | Feeling isolated  Fretful baby  History of domestic abuse  Feeling overwhelmed  Traumatic birth  Mental health difficulties | | Disability  Baby has a disability  Difficulties with feeding baby  Single parent  Insecure housing  Insecure finances | | | Recent bereavement  Struggling to bond with baby  Substance misuse issues  Immigration issues  Difficulties with reading/writing  Physical health problems  Other, please specify: | |
| Please provide detail on any points highlighted:  Do you need any support accessing Zoom either before or during the group?  Is there anything else you feel we should know that could help us meet your and your baby’s needs?   |  |  |  | | --- | --- | --- | | Secondary Carer Information (optional) | Name:  Pronouns (e.g. she/her, he/him, they/them, etc.): | | | Date of birth: | Gender: | Gender assigned at birth: | | Address: | | | | Tel: | | Email: | | Preferred method of contact? | | \*Ethnicity (please see the bottom of referral for the ethnic groups): | | \*Religion: | | \*Sexuality: Please tick  Lesbian  Gay  Heterosexual/straight  Bisexual  Pansexual  Asexual Queer  Prefer not to say  Other (please specify) | | Primary language: | | | UK national? Y/N  Any immigration concerns? | | | Current living arrangements (if different from above): | | | | | | | | | | |
| Children’s Information | | Gender | | DOB | | | Is current partner their parent? |
| Name | |
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| Are you or your partner pregnant? Yes/No | | Due date and any other relevant info: | | | | | |
| Children’s Services Involvement: Yes/No | | How are they involved? | | | | | |
| Are there any concerns regarding children? | | | | | | | |
| Any other information: | | | | | | | |

**Email completed form to** [**info@hses.org.uk**](mailto:info@hses.org.uk)

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[The ethnic groups:](https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups)

**Asian or Asian British**

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background

**Black, Black British, Caribbean or African**

* Caribbean
* African
* Any other Black, Black British, or Caribbean background

**Mixed or multiple ethnic groups**

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed or multiple ethnic background

**White**

* English, Welsh, Scottish, Northern Irish or British
* Irish
* Gypsy or Irish Traveller
* Roma
* Any other White background

**Other ethnic group**

* Arab
* Any other ethnic group