**** **Birmingham Young People’s Forward Carers Meal Kit Referral form**

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| --- | --- | --- | --- |
| **Date of referral** |  | | |
| **Details about the Young Person (YP) you are referring** | | | |
| **YP Name** |  | | |
| **Age** |  | **Date of Birth** |  |
| **Gender** | Male | Female | Other | **Consented to referral?** | Yes / No |
| **Address** |  | | |
|  | | | |
| **How many people live at this address?** | |  | |
| **Contact number** |  | | |
| **Preferred contact method** | Text | Phone | Email | Letters to home address | Letters to alternative address: | | |
| **Has the parent/carer given consent to the referral?** | Yes / No - If ‘yes’ please provide parent/carer name and contact number: | | |
| **Lead Professional Name** |  | **Contact Number** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity (please tick)** | | | Refused / unknown | |  |  | |
| White British | |  | White Irish | |  | White Other |  |
| Mixed W&B Caribbean | |  | Mixed W&B African | |  | Mixed White & Asian |  |
| Mixed Other | |  | Asian Indian | |  | Asian Bangladeshi |  |
| Asian Pakistani | |  | Chinese | |  | Asian Other |  |
| Black African | |  | Black Caribbean | |  | Other ethnic group |  |
| **Nationality** |  | | | **Preferred language** | |  | |
| **Religion** |  | | | **Interpretation needs** | |  | |
| **Accessibility needs** | Sign | Hearing | Wheelchair | Sight | Other (please specify) | | | | | | |
| **Any known food allergies / Dietary Requirements** | | |  | | | | |
| **Referrer Details** | | | | | | | |
| **Name** | |  | | | | | |
| **Contact Details** | |  | | | | | |

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| **Overview of current situation e.g. Caring responsibility** |
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| **Risk Indicators: e.g. violence, assault, CSE, mental health concerns, offending history** |
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|  |  |
| --- | --- |
| **Safeguarding Information** | |
| Is there a Social Worker Involved? Yes No | |
| **Social Worker Name** |  |
| **Contact Number** |  |
| **Contact email** |  |
| **Type of Involvement** | CIN, CP, CAF |
| **Reason for involvement** |  |

**If relevant to the referral:**

Is the Young Person aware of their concerned adult’s substance misuse? Yes No

|  |  |
| --- | --- |
| **Please return this form by** | |
| **Email** | [Emma.murphy@aquarius.org.uk](mailto:Emma.murphy@aquarius.org.uk) **AND** [Taylor.Barrett@Aquarius.org.uk](mailto:Taylor.Barrett@Aquarius.org.uk) |
| **Telephone** | 0121 622 7780 |
| **Post** | Aquarius YP Service, 236 Bristol Road, Edgbaston, Birmingham, B5 6RD |

**AQUARIUS FAMILY MEAL KITS**

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| --- |
| Young Person’s Name: |
| How many people do you cook for? |
| How often do you cook at home (per week)? |
| How often would you like to cook at home? (per week) |
| Any dietary requirements or allergies? (e.g. vegetarian, nut allergy, gluten intolerance) |

|  |  |
| --- | --- |
| Foods I like: | Foods I **don’t** like: |

|  |
| --- |
| Date completed: |
| Referrer name and signature: |