**** **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** |  |

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| --- | --- | --- | --- |
| **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

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| **Please return this form by** |
| **Email**  | Emma.murphy@aquarius.org.uk **AND** 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) |

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

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