

# ECFS EMERGENCY REQUEST FOR FAMILY SUPPORT FUND FORM

**To be completed by professional**

**Please note due to accessibility requirements this form has text boxes, it may be necessary for you to expand the text box, just click on the blue shaded area and expand down as required.**

The Family Support fund is available to support families with children aged 0-5 years in a crisis who require emergency help with essentials, such as nappies and baby milk, with a £50 voucher.

Families can only receive 1 emergency family support request and **do not** need to be accessing targeted support from ECFS. Any further requests will be declined unless the family has engaged in support to manage their finances.  If they are engaging in support to manage their finances, we may be able to consider further requests, however this will not exceed 5 in any financial year.

 **Please note**: We aim to deal with emergency requests within 24hrs. However, requests received after 3pm may not be actioned until the next working day.

## Please complete the request form below and email to:ECFS-fsfund@actionforchildren.org.uk

### Emergency Only

**Emergency Items** such as nappies, food, baby milk

**Please indicate below the reason for the emergency request** i.e.,benefit changes/delays, low income, sickness/health, debt, domestic abuse, no recourse to public funds, other (please specify):

**Approximate monthly household income for family?** (Please show benefits income separately from salary income):

£:

**Are the parents aware of the funding request?** **YES/NO**

*If no, please ensure that parents are made aware, and consent has been sought for the funding request.*

### 1. Child/ren’s details that the funding is for:

Full name: Ethnicity:

DOB or EDD: Language Spoken:

Details of any Particular Needs/Medical Conditions:

### Names of other children in the family:

Full name: Ethnicity:

DOB or EDD: Language spoken:

Details of any Particular Needs/Medical Conditions:

Full name: Ethnicity:

DOB or EDD: Language spoken:

Details of any Particular Needs/Medical Conditions:

Full name: Ethnicity:

DOB or EDD: Language spoken:

Details of any Particular Needs/Medical Conditions:

### 2. Family details and contact information:

Name of parent/carer: Ethnicity:

Relationship to children: Language spoken:

Name of parent/carer: Ethnicity:

Relationship to children: Language spoken:

Address: Postcode

Main contact number: Email Address:

### 3. Referrers Details and contact information:

Referrers full name: Job Title:

Agency/Organisation: Contact Number:

E mail Address:

Address : Postcode:

###### **4. \*Consent**

I / We have read and agree to this request for family support fund to the Early Childhood and Family Service for support.

I / We agree to the information contained within this referral being shared with and stored securely by Norfolk County Council and Action for Children, for the purposes of identifying and providing family support and financial support to my family.

I / We understand that this funding is only available as part of a wider family support package from the Early Childhood and Family Service or other suitable targeted support service i.e. Early Help, Children’s Services, Health.

Please note that by giving this consent, you are agreeing to the Early Childhood and Family Service discussing your family and circumstances with other professionals working with your family to gather information, e.g. Health Visitors and childcare settings. This helps us to provide the best support possible.

As a rule, the information that you provide will only be shared with your consent. The only times we will share information without your consent are:

• If we need to find out urgently if a child is at risk of harm or need to help a child who is at risk of harm.

• If we need to help an adult who is at risk of harm

• If we need to help prevent or detect a serious crime

By signing this form, I agree to the sharing of information set out above.

Name: (Parent / Carer):

Signature:

Date:

Name: (Parent / Carer):

Signature:

Date:

**Referrer**: If you are unable to obtain a signature from a parent/carer, please obtain verbal consent\*: Name of parent / carer who gave verbal consent\*: Date given:

Name: (Referrer):

Signature:

Date: