**Under 5 Home Safety Check Referral Form**

|  |  |
| --- | --- |
| Parent /Carer Name  |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Mobile  |  |
| Number and ages of child/ children in family  |  |
| Referred by (Name and Contact Number) |  |
| Job Title  |  |
| Organisation (please include health visiting team lead if applicable)  |  |
| Date  |  |

Please note- all families are eligible for a free home safety check and advice, however, only families who fall in to one of the below criteria are eligible for free safety equipment.

|  |
| --- |
| **Please indicate how the family are eligible for free equipment:** Please indicate YES beside each that apply  |
| Income Support  |  |
| Child Tax Credit  |  |
| Disability Living Allowance (DLA) /Personal Independence Payment (PIP)  |  |
| Job Seekers Allowance  |  |
| Employment Support Allowance  |  |
| Personal Independence Payment  |  |
| Working Tax Credit  |  |
| Housing Benefit  |  |
| Free School Meals  |  |
| Universal Credit  |  |
| Professional Judgement based on family circumstances (e.g. health or social need)  |  |

**Is this a priority referral?** (I.e. should be seen within 7 working days).

|  |
| --- |
| If yes, please provide details.  |
|  |

Yes [ ]

No [ ]

The following information is required for resource planning.

**What is the occupant’s first language?**

English [ ]          Other [ ]  (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How well can the occupant speak/read/understand English?**

Very Well [ ]          Well [ ]        Not well [ ]          Not at all [ ]

**12060What is the occupant’s ethnic group?**

White [ ]  Black African [ ]  Bangladeshi [ ]

Chinese [ ]  Irish Traveller [ ]  Pakistani [ ]

Indian [ ]  Black Caribbean [ ]  Mixed Ethnic Group [ ]

Black Other [ ]  Roma Traveller [ ]

Other Ethnic Group [ ] (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say [ ]

|  |
| --- |
| **Additional Comments** (e.g. any other relevant matters the Home Safety Officer needs to be aware of?) |
|  |

Please return this form to:

Email: home.safety@fermanaghomagh.com

If you have any queries please contact our Home Assessment Officer on 0300 303 1777.

Date received \_\_\_\_\_