Sandwell Metropolitan Borough Council

Early Help

PO Box 16021

Oldbury

B69 9EW

|  |  |  |
| --- | --- | --- |
| **Early Help Note** | | |
| **Baby/Child/Young Person’s Details** | | |
| **Surname:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Male |  |  | Female |  |   **Forename:**  **Also known as:**  **Date of Birth:**  **Gender:** | **Unique Ref. Number:** | Please record all names the child and parents/carers have been known by.  This is the child / young person's usual or home address. Where the parents have shared care, the child / young person may have two addresses. |
| **Address:**  **Postcode:**  **Telephone Number:** |
|  |  |  |
| **Parent/Carer Details** | | |
|  |  |  |
| **Name:**  **Relationship:**  **Date of Birth:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | **Address:**  **Postcode:**  **Telephone Number:**  **E-mail Address:** |  |

|  |
| --- |
| **Assessment Details** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help Note Commenced: ………………………………………**  **Early Help Note Completed: ……………………………………….**  **In which Locality do the family live ? ............................................**  **Is this a referral for COG? Yes/No**   |  |  | | --- | --- | | **Family Non-Engagement** |  | | **Agency Non-Engagement** |  | | **Spot Purchase Request** |  | | **Service Required Not Available** |  |   **If yes, reason for referral?** |

|  |
| --- |
| **Early Help Checklist**  **Does the unborn baby, infant, child or young person appear to be:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Healthy**  **Yes/ No/ Not Sure (*delete as appropriate)***  **Comments**   |  | | --- | |  |   **Safe from Harm**  **Yes/ No/ Not Sure (*delete as appropriate)***  **Comments**   |  | | --- | |  |   **Learning and Developing**  **Yes/ No/ Not Sure (*delete as appropriate)***  **Comments**   |  | | --- | |  |   **Having a positive impact on others?**  **Yes/ No/ Not Sure (*delete as appropriate)***  **Comments**   |  | | --- | |  |   **Free from the negative impact of poverty?**  **Yes/ No/ Not Sure (*delete as appropriate)***  **Comments**   |  | | --- | |  |   **If you have answered ‘No’ to any of the previous questions, what additional services are needed for the unborn baby, infant, child or young person or their parent(s), carer(s) or families?**  **Comments**   |  | | --- | |  |   **Can you provide the additional services needs?**  **Yes/ No *(delete as appropriate)***  **If you answered ‘Yes’ to the previous question who will provide these services?**  **Comments**   |  | | --- | |  |   **Is there a child in the household aged between 18 months and 3.5 years?**  **Yes/No *(delete as appropriate)***  **If yes, please select which of the following apply:**   |  |  |  |  | | --- | --- | --- | --- | | **Income Support** |  | **The Guarantee Element of State Pension Credit (from 30 April 2005)** |  | | **Income Based Job Seekers Allowance** |  | **The child has a current statement of SEN or an Education, Health and Care Plan** |  | | **Child Tax Credit (and household income is not more that £16,190)** |  | **Support under part 4 of the Immigration an Asylum Act 1999** |  | | **Working Tax Credit (and household income is not more than £16,160)** |  | **The child has left care through special guardianship or an adoption or residence order** |  | | **Disability Living Allowance** |  | **Looked After Child (in the care of the local authority)** |  | | **Income Related Employment and Support Allowance** |  | **None of the Above** |  |     **If answered yes to one or more of the above you/ your child meets the eligibility criteria to access Early Learning for Twos in Sandwell, would you like to receive further information?**  **Yes/ No (*delete as appropriate)***  **(If yes, please provide family with application and provision details)** |