Household Assistance - Expression of Interest Form

The Household Assistance programme helps with the planning and management of household challenges like budgeting, housing issues, social welfare applications, managing bills, and signposting to other support services. The aim of the programme is to empower households and families to effectively address problems and move forward positively.

Please return this referral form by post, fax or email to

Aster Family Support

Fax: (01) 516 7461

Phone: (01) 516 1146

Address: Unit 7, Block 5, Port Tunnel Business Park, Clonshaugh, Dublin 17

Email: info@asterfamilysupport.ie

Activities include:

* Budgeting and financial planning
* Advice and support to deal with debt and bills
* Setting up sustainable utility cost management options
* Information about other supports and organisations
* Referral and signposting to other organisations
* Support with completing paperwork including social welfare applications
* Advice and support around housing issues
* Assistance with developing household management goals and plans

* We can only accept referrals from the **Tusla Child and Family Agency (CFA) administrative area of North Dublin**. Please call us if you’re not sure whether this area includes where you live – (01) 516 1146.
* Please complete this referral form with **as much information as possible** and ensure **agreement is signed.**
* The Aster Family Support team will make contact with you directly once we receive this form to complete a more detailed intake form in person and ensure that services match their needs.

Agreement

**Agreement by parents/carers to information sharing and storage:**

* I agree and understand the information recorded on this form.
* I agree that this information be stored and used to provide services to myself and the child(ren) for whom I am the parent/carer and to the actions identified on this form.

*I understand that if a concern arises about my child(ren) being subject to abuse or neglect that a referral must be made to the Child and Family Social Work Service in line with the requirements of Children First Legislation and Guidance.*

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

***Reasons for Referral***

Please give a brief description of your reasons for asking for Household Assistance?

Please attach any additional information to support the application?

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian/Responsible Adult** | **Parent/Guardian/Responsible Adult** |
| **Name:** |  |  |
| **PPS Number:** |  |  |
| **Phone Number:** |  |  |
| **Address:** |  |  |
| **Legal responsibility:** |  |  |

***Family Composition***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth**  **(dd/mm/yyyy)** | **Age** | **Gender** | **Relationship** | **School / Occupation** |
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***Send Expression of Interest Form***

Once complete please send the **signed referral form** to Aster Family Support via fax to **(01) 516 7461,** email to **info@asterfamilysupport.ie** or post to **Aster Family Support, Unit 7, Block 5, Port Tunnel Business Park, Clonshaugh, Dublin 17**.

***Office Use Only***

Date the referral was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date family were contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next steps decided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date commencement next steps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_