Household Assistance Referral 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

* The Family Support Service will consider requests for the Household Assistance Programme for households in the **Tusla Child and Family Agency (CFA) administrative area of North Dublin** only.
* Referrals will be accepted directly from professionals and agencies working in the community. **Please complete this referral form with the key member(s) of the household and ensure agreement is signed.**
* The Aster Family Support team will make contact directly following a referral to complete an intake form in person and ensure that services match their needs.
* Families identifying as needing additional support will be asked for consent to have their referral reviewed by the Family Support Services who meet regularly to review referrals and is attended by Tusla Family Support Coordinator(s), Tusla Meitheal Coordinator (s), Aster Family Support Manager and the YAP Family Support Coordinator. You may be contacted for additional referral information where a service may be offered.
* All referrals **MUST be typed.**

***Please note that referrals relating to child protection concerns must be made directly to the Tusla Child and Family Agency Duty Social Worker Ph: 870 8000 (Swords); 816 4200 (Coolock) and 646 4518 (Dublin 15)***

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 agree that my child(ren) has the option of participating in this process.

*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.*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

Referrer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_**

***Referrer’s Details***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Title:** | |  | | |
| **Agency:** |  | **Address:** | |  | | |
| **Phone:** |  | **Email:** | |  | | |
| **Consent to this referral was provided by: (mark X in relevant box)** | | | **Mother** | |  |
| **Father** | |  |
| **Other (please specify)** | |  |

***Family Composition***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth** | **Age** | **Gender** | **Relationship** | **School / Occupation** |
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| --- | --- | --- |
|  | **Mother** | **Father** |
| **Phone Number:** |  |  |
| **PPS Number:** |  |  |
| **Address:** |  |  |
| **Legal responsibility:** |  |  |
| **Status:** |  |  |

***Reasons for Referral***

Please give a brief description for the reasons for this referral?

Please attach any additional information to support the application?

***Send Referral 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_