

THINK FAMILY REQUEST FOR SUPPORT FORM

Please send completed form to **ThinkFamilyHousing@birmingham.gov.uk**
MUST have a child under 18 and MUST be a BCC tenant or BCC dispersed TA

Have you gained consent from the family to share information and request support **Yes / No**

Date: _____

Please complete details for all family members

NAME	GENDER	DOB	ADDRESS	TELEPHONE NUMBER

Your details

NAME	SERVICE	TELEPHONE / EMAIL ADDRESS

Summary of support needs

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3 Criteria must be selected for referral to be accepted

CRITERIA	SUPPORT NEED	YES / NO
1	Education (Attendance, NEET, SEN needs, missing from education)	
2	Early years development (Expectant/new parent, Parent with learning needs, nursery place needed, 0-5 with medical needs)	
3	Mental/physical health (Adult or child)	
4	Substance misuse (Child or adult)	
5	Family relationships (Parenting, conflict, aggression form child, young carer)	
6	Child exploitation (Neglect, missing episodes, child criminal activity, radicalisation)	
7	Crime prevention (ASB, criminal offenses, gang affiliation)	
8	Domestic abuse (Historic or current risk)	
9	Housing (At risk of eviction, homelessness or child excluded from home)	
10	Financial (Unemployed/low income, young person NEET, debt. Rent arrears)	