**PRIVATE AND CONFIDENTIAL**

**FAMILY HUB EMERGENCY ASSISTANCE GRANT**

**FOR FOOD AND ESSENTIAL SUPPLIES**

If you are a professional including volunteers or a statutory, community or voluntary organisation please complete this referral form **in full** on behalf of the household.

The information contained within this form will be shared with Family Action in line with our Information Sharing Agreement.

**Completed forms need to be returned to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **District**  | **Contact Name** | **Phone** | **Email** |
| Cannock | Debs Prew | 07570 820173 | debs.prew@staffordshire.gov.uk  |
| East Staffordshire | Mary HutchinsonDeb Burgess | 07704 798133 | mary.hutchinson@staffordshire.gov.uk debbie.burgess@staffordshire.gov.uk  |
| Lichfield | Kerry Heath | 07794 175467 | kerry.heath@staffordshire.gov.uk |
| Newcastle | Sophie Lockey | 07977 222869 | Sophie.lockey@staffordshire.gov.uk |
| South Staffordshire | Michelle Nevey | 07966 395431 | michelle.nevey@staffordshire.gov.uk |
| Stafford | Fiona Beech | 07711 349553 | fiona.beech@staffordshire.gov.uk |
| Staffordshire Moorlands | Suzanne Barratt | 07580 324487 | suzanne.barratt@staffordshire.gov.uk |
| Tamworth | Amy Morrison | 07581 212713 | amy.morrison@staffordshire.gov.uk |

**NOTE TO REFERRER – PLEASE READ BEFORE COMPLETING THIS FORM**

Please inform the adult that the Family Hub will be in contact within one working day. If the child is in receipt of Free School Meal Vouchers from their school, they are **not** eligible for the Food Voucher. Signposting to food support locally e.g. Food Banks will be provided.

The District Family Hub Coordinator will need to see the claimant face to face (using digital technology) to witness: -

* Evidence to show that they are a Staffordshire resident – Passport, Driving Licence, Bank Statement or Utility Bill.
* Evidence to demonstrate the criteria met – must be dated within the last three months.

**Please note: if criteria and address evidence cannot be provided, we are unable to issue a voucher.**

***Thank you for taking the time to complete the information required. We aim to respond to all referrals within one working day.***

**Information required:**

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| **Section 1 – To be completed by referrer** |
| **Referrer’s Name (if self-referral person providing information for this form)** |  | **Organisation Name (if applicable)****Contact Telephone Number** |  |
| **Reason for referral**  |  |

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| **Information Sharing** |
| Please read the following information to the adult you are referring on behalf of: -**Using your personal information for the delivery of this service**The information provided on this form will be processed by Staffordshire County Council in accordance with the General Data Protection Regulation and the Data Protection Act 2018.When completed this form will be sent to Family Action, who are administering this scheme on behalf of Staffordshire County Council. Family Action will contact you by your preferred method of communication and will ask you to provide information so that they can check your eligibility.Personal information which you supply to the Family Hub will be shared within Staffordshire County Council departments and our partners who are also involved in supplying a service directly to you. This is to ensure that you receive the best service available as it will improve communication between organisations. We will not disclose your information to any partner who is not supplying a service to you or any other organisation unless required to do so by law. If you have any concerns about the planned use of your information please speak to Joseph Sullivan, Senior Commissioning Manager by emailing: joseph.sullivan@staffordshire.gov.uk. If you want to find out more about how we are doing this, you can log on and view our privacy notice: <https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=3cCTTuvaGic>I confirm that the information provided is accurate to the best of my knowledge. I am aware that knowingly providing information that is false, or that I know might be incorrect could constitute a criminal offence and may result the Council seeking financial recovery and/or referring the matter to the Police.**Parent/Carer Verbal Agreement Consent (TO BE COMPLETED BY REFERRER)****Date Received**: **Time**: **Name of professional who read the above information to the adult**:  |

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| **Section 2 – Family Information - TO BE COMPLETED BY REFERRER**  |
| **Adult Name: (if not completed above)** |  |
| **Address**  |  |
| **Telephone Number/s** |  |
| **Email Address**  |  |
| **Number of children residing at the address**  |  |
| **Relationship to children (if required)** |  |
| **Name(s) of any other adults residing at the address**  |  | **Relationship to child/ren (if required)** |  |
|  |  |
| **Name/s of Child/ren *(include full surnames and forenames)***  |  |  |  |  |
| **Date/s of Birth** **(of Child/ren)** |  |  |  |  |
| **Gender of Child/ren** |  |  |  |  |
| **Has the child received Free School Meal Vouchers from their school?** | YES/NO | YES/NO | YES/NO | YES/NO |
| **Any child who is eligible for Free School Meal Vouchers but has not received these prior to the summer holidays – please take the details of the school attending for this to be checked in September.** |
| **If they have not claimed school vouchers but are eligible, please confirm name of school attending – inform the family this will be checked in September** |  |  |  |  |
| **If a child has received a Free School Meal Voucher, they will be exempt from claiming an additional food voucher.** |
| **Section 3 – Food Voucher Eligibility, indicate criteria met and confirm that the evidence to support the claim can be witnessed - to be completed by the referrer** |
| **Criteria A Eligible for a food voucher criteria: Tick to confirm criteria met** | **COHORT 1 (For Family Hub use only)****Free School Meal Criteria – 1 x £15.00 voucher per person in the family household - minus any child who is in receipt of Free School Meal voucher. Household can claim for a maximum of 3 weeks, the total amount of the child vouchers for the 3 weeks can be given upfront, adults must reapply weekly.*** Identified on the Early Years Pupil Premium Report
* Identified on the Think 2 Report
* Identified on the Alternative Provision Report
* Identified on the Independent Provision Report
 |  |
| **COHORT 2****Adult/s with a child aged 0-20 years who is not identified on the Free School Meal Criteria but is in receipt of a means tested benefit - 1 x £15.00 voucher per household member minus any child who is in receipt of Free School Meal voucher. Household can claim for a maximum of 3 weeks, the total amount of the child vouchers for the 3 weeks can be given upfront, adults must reapply weekly.** * Universal Credit
* Income Support
* Income based job seekers allowance
* Child tax credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
* Working tax credit
* Income-related Employment and Support Allowance
* Support under Part VI of the Immigration and Asylum Act 1999

**Vouchers can only be claimed for children where child benefit is being received into the household or where foster children live within the household. Children who are eligible for Free School Meal Vouchers but have not claimed through the school need to provide school details for this to be checked in September.**  |  |
| **COHORT 3****Adults without children who are in receipt of means tested benefit - 1 x £15.00 voucher per adult in the household. Household can claim for a maximum of 3 weeks and must reapply weekly.*** Universal Credit
* Income Support
* Income based job seekers allowance
* Income based Employment Support Allowance
* Working tax credit
* Support under Part VI of the Immigration and Asylum Act 1999

**EXCLUDED: Adult/s and children in long term hospital care/inpatient stay/residential care/nursing care (inclusive of self-funding)** |  |
| **COHORT 4****Adult/s on state retirement pension with income related benefits (if a couple the both need to be in receipt)*** The guaranteed element of Pension Credit
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| **Criteria B Eligible for a food voucher criterion: Tick to confirm criteria met** | **No Recourse to Public Funds** |  |
| **Gypsy, Roma, Traveller** |  |
| **Dependent child under the age of 16 years, with a child/children.** |  |
| **Staffordshire County Council Care Leaver** **Referrals need to be submitted by the professional working with the care leaver and no evidence will be required.** |  |
| **Criteria C** **Does not meet criteria A or B - NOT eligible for a food voucher criteria**  | **Does not meet criteria A or B – please refer family into the local offer not eligible for a voucher – District Family Hub Coordinator will send the household food support available locally, please confirm how they wish to receive this.** |  |
| **Section 4 – Evidence Record - FOR USE BY THE DISTRICT FAMILY HUB ONLY** |
| **Family Hub Co-ordinators must confirm with the household what their entitlement will be – evidence to support their claim will be required, please ensure that the evidence witnessed includes the claimants address to confirm they are a Staffordshire resident. Evidence will need to be witnessed face to face via an electronic device – using Microsoft Teams.** **The District Family Hub will contact the family via their preferred method to witness the evidence agreed for the claim.** |
| **Acceptable evidence (must be dated in the last 3 months):**

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| **Reason for Evidence** | **Examples of Evidence (tick)** | **Unique Reference Number**  | **Witnessed by (including date/time)** |
| Proof of address | Utility Bill |  |  |  |
| Credit/Debit  |  |
| Driving License |  |
| Bank Statement |  |
| Other |  |
| Proof of benefit/income/eligibility | Benefit letter/info |  |  |  |
| Bank statement |  |
| Pay slips |  |
| Other |  |
| Proof of ID  | Driving License |  |  |  |
| Photo ID |  |
| Passport |  |
| Other |  |

**Confirm the total voucher award amount:**

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| --- | --- |
| **Total number of eligible people within the household** | **Total voucher amount award (£ per household)** |
| **Total Adults =** **Total Children =**  |  **X £15.00 =** **X £45.00 vouchers paid upfront =****Total Vouchers =**  |
| **Claim Number**  |  |

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| **Preferred Voucher:** | Morrisons |  | Sainsburys |  | Tesco |  |
| Asda |  | Other (specify) |
| **How would you like to receive your voucher?** | Email: enter email address |  |
| Text:  |  |
| Post: allow 2 working days for postage and receipt. |  |
| **Are you working with other agencies or professionals?** | **VERBAL CONSENT RECEIVED TO SHARE INFORMATION RE FAMILY HUB COOKING and Children’s centre services****PROJECT.           YES/NO** |
| **Referral received via: (please tick)** | **Host Organisation** |  |
| **Partner / Professional** |  |
| **Family Hub Private Message** |  |
| **Telephone**  |  |
| **Email** |  |
| **Other Please State** |  |

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| **Section 5: Voucher Information – FOR USE BY THE CENTRAL FAMILY HUB TEAM ONLY** |
| **Referral Number:** |  |
| **District:** |  |
| **If mail out received – confirm how child was identified (please tick)** | **EYPP List** |  | **Think 2 List** |  |
| **Independent School List** |  | **Alternative Education** |  |
| **Voucher Applied for Date:** |  | **Amount allocated:** |  |
| **Voucher Name:** |  | **Supermarket:** |  |
| **Voucher Number allocated:**  |  | **Voucher applied for time:** |  |
| **Method sent to adult** | **Email** |  | **Text** |  |
| **Post** |  | **Other please state** |  |
| **Has the family claimed a voucher before, and if so how many? Check on capita** |  |
| **Date inputted onto capita** |  |