

Home-Start East Sussex Being Mum Programme Intake Form

Client Ref No:	Coordinator:
Intake date: Repeat referral? Y/N	Self-referral: Yes/No If yes, how did you hear of us?
Other agency involvement with client/family: If none, type none	Agency referral: Yes/No If yes, please complete details below Name: Agency: Job title: Email: Tel: Continuum of Need:
Client information	Name/AKA:
DOB:	*Gender: *Gender assigned at birth:
Address:	
Tel:	
Email:	Preferred method of contact?
*Ethnicity:	*Religion: *Sexuality:
Primary language:	UK national? Y/N Immigration status and concerns:
Current living arrangements:	
Employment status (please give detail):	
Relationship status (please give detail):	
Any concerns with domestic abuse?	
Support will be carried out via Zoom group support. Is client able to speak, hear, read and write without any issues? YES/NO If not, what are their strategies for dealing with this so we can adapt the programme to meet their needs? Does the client have unlimited mobile data or Wifi to enable them to attend weekly Zoom group support? YES/NO If no, please consider how the client can access support	

Vulnerabilities (highlight as many as relevant)

- | | | |
|---------------------------|--------------------------------|------------------------------|
| Feeling isolated | Physical disability | Single parent |
| Mental health problems | History of substance misuse | Recent bereavement |
| History of domestic abuse | Insecure housing | Fretful baby |
| Feeling overwhelmed | Baby has a disability | Struggling to bond with baby |
| Multiple births | Difficulties with feeding baby | Traumatic birth |

Any yes answers, please detail.

If substance misuse/mental health issues (including postnatal depression), please include diagnosis, treatment and current stability.

Anything else you feel we should know that can help us to meet the client's/baby's needs?

Baby(s) Information		Gender	DOB	Is secondary carer the parent?
Name				
Is the primary/secondary carer pregnant? Y/N		Due date and any other relevant info:		
Children's Services involvement: Y/N		Describe involvement:		
Concerns regarding baby:				
Any other information:				

*Optional questions collected for Equality & Diversity monitoring.

Always download the most up to date referral form from our website ([hses.org.uk](https://www.hses.org.uk)). Email to info@hses.org.uk. Our IT systems are secure but you can password protect the documents and confirm your name, agency and password in a separate email <https://www.wikihow.com/Password-Protect-a-Microsoft-Word-Document>

You will receive an email acknowledgement.