



Brokerage Referral Form

The Family Information Service can provide a wide range of information/support for families in Warwickshire either via our helpline or on a face to face basis.

FIS Brokerage Service is a 1:1 early intervention service which can be used to support families with children age 0 to 25 living in Warwickshire to access services where there are barriers and/or complex needs.

To access the service please send the completed form to the FIS e-mail address where this will be triaged by the helpline and sent to Brokerage should a home visit be required. Any parental enquires to be directed to the FIS Helpline 01926 742 274.

Brokerage should **NOT** be used where there is already a FSW working with the family; additional support can be provided to professionals or to families where there is an allocated worker via the FIS helpline.

Brokerage **CAN** support a family whilst they are awaiting allocation of additional support.

Early Help – It is appropriate for the brokerage officer to receive actions from an Early Help Assessment when there is not a FSW in place. Brokerage **CAN** initiate an Early Help Single Assessment (EHSA) and will take on the lead professional role until the first Early Help Assessment meeting transferring this role on the identification of an appropriate professional working with the family.

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|--|-----------------|
| Date: | |
| Referrer's Name: | Contact Tel No: |
| Email: | |
| Organisation: | |
| Client's Personal Information | |
| Parent/Carer Name: Child/Children's name: | Email: |
| Mosaic number (if known): | |
| Telephone: | Mobile: |
| Address: | |
| Please give details of assistance required (tick all that apply) | |
| DLA/PIP form <input type="checkbox"/> | |
| Initiate EHSA <input type="checkbox"/> | |

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| Housing Support <input type="checkbox"/> Childcare <input type="checkbox"/> Finances <input type="checkbox"/> SEND <input type="checkbox"/> Other (please add details): |
| Please identify barrier to accessing services if appropriate (tick all that apply) Mental health <input type="checkbox"/> Disability <input type="checkbox"/> Language <input type="checkbox"/> Low income <input type="checkbox"/> Crisis point <input type="checkbox"/> Other (please add details): _____ |
| Additional Information: (this should include any relevant background information/family circumstances) |
| Identify any presenting risks i.e. lone working: |
| Please can you confirm the client has given consent for this referral: |

Referrals WILL NOT be progressed without all the requested information

Please e-mail the completed referral form to fis@warwickshire.gov.uk

Once the FIS Officer/Brokerage Officer has completed their interventions with the family, correspondence will be sent to the referrer advising of action taken.

