**EARLY HELP FUNDING REQUEST**

**PLEASE COMPLETE ALL SECTIONS AND RETURN THIS FORM VIA E-MAIL TO COMPASS –** **Compass@southglos.gov.uk**

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| **Is there an EHAP open for the family?**  Yes/No(If no, the Early Help Funding Request cannot be processed) |
| **Start date of plan:** |

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| **Child’s Full Name:** |  | **Date of Birth:** |  |
| **Assessment Completion Date:** |  | **Date of most recent Review:** |  |

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| --- | --- |
| **Lead Professional’s Name:** |  |
| **Name of setting:** |  |
| **Lead Professional’s Phone number:** |  |
| **Lead Professional’s Email address:** |  |

**Why is the funding required and what are the expected outcomes from using the funding?** There is a limit of £500 per family.

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| **Families in Focus Outcomes (Supporting Families)** - In order to qualify for the funding, the family have to be vulnerable in **3** of the headline areas. Please list the vulnerability criteria reference numbers below under the relevant headline. |
| Getting a good education | Good early years development | Improved mental and physical health | Reducing harm from substance misuse | Improve family relationships |
| Children safe from abuse and exploitation | Crime prevention and tackling crime | Safe from domestic abuse | Secure housing | Financial stability |

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| **Identified****Primary Need** |  **Desired Outcome** | **Type of Provision and** **Provider** **(Who is providing the service?)** | **Start & Finish Dates (if applicable)** | **Cost £** **(if known)** | **Other Contributions:-** **Parent/Carer/****Charity/Other** |
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| **Total amount being requested:**  | **£** |

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| **Brief description to support this application in relation to the child/ren & family’s needs, home environment and circumstances: (this can be copied from the EHAP)** |
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| **Tell us about the support the family have accessed for the identified need e.g. Parenting courses; out of school activities; counselling services.** |
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| **What other funding sources have been explored prior to requesting this funding e.g pupil premium, parental contribution; charity applications?** |
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| **Do you have consent from the parent/child to share this information? Yes/No** |

**I understand that services cannot be commissioned until I have received written confirmation that this Early Help Funding Request has been approved.  Any services commissioned without approval will not be covered through this individual commissioning budget.**

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| **Electronic signature of Lead Professional:** |  | **Date:** |  |

If you are sending this form by e-mail, **YOU MUST** type your name into the signature box and send it from **YOUR**
e-mail address.

**For Compass use only:**

**Successful requests:**

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| **Which service/s will be commissioned?** |  |
| **How much funding has been agreed?** |  |

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| **Electronic signature of Manager:** |  | **Date:** |  |