** Family Support In to Out Referral Form**

Jigsaw offers intensive community support to families of prisoners in the West Yorkshire area. Families will be assessed and either offered intensive support for up to 1 year or light touch support.

**Date: ……………………………………………… Prison: HMP Leeds **

**Person referring/agency: ……………………………………………Contact no:……………………………**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family member** | | | | | | |
| First name |  | Surname | |  | | |
| Phone number |  | | | | | |
| **Prisoner** | | | | | | |
| First name |  | Surname | |  | | |
| Prison No. |  | Wing & Cell No. | |  | | |
| Release date if applicable |  | |  | | SO (office use only) | 1 2 3 |
| Length of sentence if applicable |  | | | | | |
| Status | Sentenced  Released Remand  | | | | | |
| Area of residence | Leeds  Bradford Kirklees  Calderdale  Wakefield  | | | | | |
| Support Needs  (Please Circle) | Emotional Support Debt, Benefits, Budgeting  Relationships Children’s Education  Employment/Training ,Education Access to Healthcare  Substance Misuse Children’s Well-being | | | | | |
| Additional information  (e.g. other agencies involved) |  | | | | | |
| Level of support required | Information only  Short term support Ongoing support  | | | | | |

**For office use:**

|  |  |
| --- | --- |
| **Reference No:** | |
| **On Data Base:** | **CNOMIS checked:** |