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| St.Peter's Church Centre Church Street Wellesbourne, CV35 9LS  Email: [office@homestartsouthwarwickshire.co.uk](mailto:office@homestartsouthwarwickshire.co.uk)  07564543806 |  |

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| **Home-Start South Warwickshire Self Referral Form** | | | | | | | | | | | | | |  | |
| Who is anwering the questions? | | Mother | | | Father | | Other (Please identify) | | | | | | | | Scheme Use |
| * Family Name: | | | | | | | | | | | | | | | Date Received: |
|  | | | | | | | | | | | | | | | Family No.: |
| Address: |  | | | | | | | | | | | | | | |
| Contact No. | Tel:  Mobile: | | | | | | | | Email: | | |  | | | |
| **Please provide details about the adults caring for the child[ren]:** | | | | | | | | | | | | | | | |
|  | | | | Name | | | | Main carer √ | | | Resident in household√ | | Relationship to child/ren if applicable | | |
| Mother/partner | | | |  | | | |  | | |  | |  | | |
| Father/partner | | | |  | | | |  | | |  | |  | | |
| Other main carer[s] | | | |  | | | |  | | |  | |  | | |
| Other main carer[s] | | | |  | | | |  | | |  | |  | | |
| **How did you here about Home-Start –** Please highlight one of the options below | | | | | | | | | | | | | | | |
| Friends | | | Health visitor | | | Social worker | | | | Other (Please specify) eg Facebook | | | | | |
| **Family Doctor** | | | | | | | | | | **Heath Visitor** | | | | | |
| Name: | | | | | | | | | | Name: | | | | | |
| Address: | | | | | | | | | | Address: | | | | | |
| Tel No: | | | | | | | | | | Tel: | | | | | |

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| **Please ‘X’ all that apply** | | | | | | | | | | | |
| Lone parent | substance misuse | domestic abuse | mental health issues | learning disabilities | post-natal depression | Interpreter required | Teenage pregnancy under 19 yrs. | Multiple Births | Adult Disability | Child Disability | Other Please specify |
| **Please tell us why you need support** | | | | | | | | | | | |
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| **Are there any Medical Health Issues** |
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| **Health and Safety issues that we need to consider when placing a volunteer with your family eg. do you have a dog?** |
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| **Details of Children** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s name  Eldest first | Gender | | | | | Date of birth | | Immigration status | | | | | Considered to be disabled by main carer? √  YES/NO? | | Asian or Asian British | | | | | | | | Black or Black British | | | | | | Chinese or Other Ethnic Group | | | | Mixed | | White | | | | | | Subject to Social Care Assessment of Needs (MESH) | | | TAF/TAC |  | | | Child Protection Plan | | Who is the lead professional |
| Male | | | Female | |  | | Asylum seeker | Refugee | | Pending | | Indian | | Pakistani | | Bangladeshi | | Other Asian | | Caribbean | | African | | Other | | Chinese | | Other Ethnic | | Any mixed | | British | | Irish | | Other White | | Child in need | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C.1 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.2 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.3 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.4 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.5 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.6 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.7 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.8 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.9 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.10 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.11 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.12 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |
| C.13 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |  |  | |  | |

Please complete those boxes which apply to any of the children. **Note** the terms above are nation-specific – not all will be relevant in your area.

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| Services | Please √ | Services needed & not available locally. Please code: | How can Home-Start help your family to make better use of available services? | | | | | |
|  | services |  | Signposted | Transport | Accompany | Discussed | Look after | Other Please specify |
|  | your | 1=Needed but does not exist | provided | to service | family to | the | children |  |
|  | family | 2=Needed but recently closed | address & |  | appointment | services | while |  |
|  | currently | 3= Needed but too far away | contact |  |  | prior to or | attending |  |
|  | use |  | details |  |  | after use | appointment |  |
|  |  |  |  |  |  |  |  |  |
| 1. Family GP |  |  |  |  |  |  |  |  |
| 1. Health Visitor |  |  |  |  |  |  |  |  |
| 1. Social Worker |  |  |  |  |  |  |  |  |
| 1. Mother & Baby Clinic |  |  |  |  |  |  |  |  |
| 1. Children’s Clinic |  |  |  |  |  |  |  |  |
| 1. CAMHS |  |  |  |  |  |  |  |  |
| 1. CPN/Mental Health |  |  |  |  |  |  |  |  |
| 1. CAB |  |  |  |  |  |  |  |  |
| 1. Debt Counselling |  |  |  |  |  |  |  |  |
| 1. Turn2Us Online and/or helpline services |  |  |  |  |  |  |  |  |
| 1. Housing Advice Support |  |  |  |  |  |  |  |  |
| 1. Benefits Department |  |  |  |  |  |  |  |  |
| 1. Legal Support |  |  |  |  |  |  |  |  |
| 1. Job Centre Plus |  |  |  |  |  |  |  |  |
| 1. Adult Education |  |  |  |  |  |  |  |  |
| 1. Parent & Tots Group/Nursery/Schools | x |  |  |  |  |  |  |  |
| 1. Parenting Programme |  |  |  |  |  |  |  |  |
| 1. Dentist |  |  |  |  |  |  |  |  |
| 1. Other Statutory Services (specify) |  |  |  |  |  |  |  |  |
| 1. Other (specify) |  |  |  |  |  |  |  |  |

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| **Details of other members of the household with responsibilities for caring for the children** |
| **N.B. PLEASE COMPLETE ALL SECTIONS - We are unable to process this referral without all of the information.** |

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|  | **Gender** | | **Date of birth** | **Immigration status** | | | **Consider themselves to be disabled** | **Asian or Asian British** | | | | **Black or Black British** | | | **Chinese or Other Ethnic Group** | | **Mixed** | **White** | | |
| Male | Female |  | Asylum seeker | Refugee | Pending | YES? | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Irish | Other White |
| Main Carer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partner living in household |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Housing (please highlight appropriate box)** |

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| --- | --- | --- | --- | --- | --- |
| Social Housing | Private Rented | Temporary Accommodation | Private Owned | Over Crowded | Other (specify) |

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| **Transport (please highlight appropriate box)** |

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| --- | --- | --- | --- | --- | --- |
| Available Car | No Available Car | Public Transport Route | No Public Transport Route | Public Transport is not a viable option | Other (specify) |

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| **Employment** |

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| --- | --- | --- | --- |
| Is any household member in paid employment | Yes/No | If yes, who? | |
| Is any household member employed by armed forces | Yes/No | Is any main family carer in prison | Yes/No |

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| --- | --- |
| **Parents Signature:** | **Date:** |
| Thank you for taking time to provide this information which will help us to process your self referral.  We are unable to process your self referral until we have received this form  We will try to respond to you within two weeks to tell you about progress with this referral.  If you have any issues or concerns about the referral process or the support for the family please contact: office@homestartsouthwarwickshire.co.uk | |

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| **Office Use Only** | | | | | | |
| Discussed at Referral Meeting | Date: | Scheme Manager MA/MP | Date: | Other (please specify) | | Date: |
| Unplanned Ending | Inappropriate Referral | Out of Area | No Co-ordinator Capacity | No FSW Capacity | No volunteer Capacity | Date: |