**A picture containing drawing

Description automatically generated**

**REFERRAL FORM**

Date referral received (local Home-Start use) ……………

Family Number (local Home-Start use**)……………**

**We are unable to process your referral until we have received this form**

**Please note that all referrals must be made with the consent of the family.**

Have you discussed this referral with the family prior to completing this form?

**YES / NO**

**Name of family**……………………………..……………………

Address……………………………………………………………………………………………………………………………………………………………………………………………………

Postcode …………………………………………

Tel. No ………………………………………Mobile No …………………..………

E-mail …………………………………………………………….

**Referred by ………………………………………**

**Date of referral…………………………………..**

| Name  Role  Agency  Address  E mail  Postcode  Tel | Family Doctor  Tel  Health Visitor  Tel  E mail  Other agencies involved |
| --- | --- |

**Please provide some 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] |  |  |  |  |

**Please provide some details about the child(ren) in the family:**

| Please list all dependent children, eldest first | Gender  M/F | Date of Birth | Considered disabled by main carer  Y/N | Subject to assessment of needs eg CAF/UNOCINI  Y/N | Who is professional lead? | Child in Need?  Y/N | Child  Protection  Plan?  Y/N |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **C1** |  |  |  |  |  |  |  |
| **C2** |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |
| **C5** |  |  |  |  |  |  |  |
| **C6** |  |  |  |  |  |  |  |
| **C7** |  |  |  |  |  |  |  |
| **C8** |  |  |  |  |  |  |  |
| **C9** |  |  |  |  |  |  |  |
| **C10** |  |  |  |  |  |  |  |

**Please √ all that apply to this family**:

| Lone parent | Substance misuse | Domestic abuse | Mental health issues | Learning disabilities | Postnatal depression | Interpreter required | Teenage pregnancy 19yrs or younger | Other please specify |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**Are there any Health and Safety issues that we need to consider when placing a volunteer with this family**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**…………………………………………………………………………**

**Have you visited the family home Y/N**

**Please add any background information below that you think we would find useful (if necessary attach an extra sheet)**

**Family needs -** So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a ‘points’ system. Families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the family, will be used to monitor how our support meets the family’s needs.

I hope that Home-Start will help meet needs the family has in the following areas:

| Family needs | √ | If you have ticked, please tell us why this is a need |
| --- | --- | --- |
| Managing child’s behaviour |  |  |
| Being involved in the child(ren)’s development |  |  |
| Coping with own physical health |  |  |
| Coping with own mental health |  |  |
| Coping with feeling isolated |  |  |
| Parent’s self-esteem |  |  |
| Coping with child’s physical health |  |  |
| Coping with child’s mental health |  |  |
| Managing the household budget |  |  |
| The day-to-day running of the house |  |  |
| Stress caused by conflict in the family |  |  |
| Coping with multiple birth/multiple children under 5 |  |  |
| Use of services |  |  |
| Other (please describe) |  |  |
| Parents own learning needs |  |  |

**Details of other members of the household with responsibilities for caring for the children (Please ensure all details are completed)**

|  | 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 | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | F |  | Asylum seeker | Refugee | Pending | Y/N | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Irish | Other White |
| Main Carer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partner living in household |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Referrer’s signature ……………………………………….. Date …………………………………

Parent’s signature …………………………………………. Date ………………………………… (optional)

Thank you for taking time to provide this information which will help us to process the referral.

We will try to respond to you within two weeks to tell you about progress with this referral. We will remain in touch while supporting this family and will contact you when the support ends. If you have any issues, concerns or questions please contact [office@homestartsouthwarwickshire.org.uk](mailto:office@homestartsouthwarwickshire.org.uk)