

# REFERRAL TO BRISTOL HOME-START

BHS No:.....



Unit 11, The Greenway Centre  
Doncaster Road, Southmead  
Bristol BS10 5PY

Tel. 0117 9501170

<b>PARENT:</b> ..... AGE: ..... DOB: ..... ADDRESS: ..... ..... POST CODE:..... TEL NO: ..... PARTNER'S NAME: ..... OCCUPATION: ..... DOB .....	REFERRAL DATE: ..... <b>REFERRER:</b> ..... JOB TITLE: ..... ADDRESS: ..... ..... POST CODE: ..... TEL NO: ..... EMAIL ADD: ..... <b>VOLUNTEER:</b> .....
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CHILDREN'S NAMES ( <i>Elders first</i> )	AGE	DOB	Child Protection plan yes/no	CAF yes/no Lead professional
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

<b>Please indicate Ethnic Origin:</b> MOTHER: ..... FATHER: ..... CHILDREN: .....	<b>Please indicate any disabilities:</b> MOTHER: ..... FATHER: ..... CHILDREN: .....
GP ..... TEL NO: .....	HV..... TEL NO: .....
SW ..... TEL NO: .....	OTHER..... TEL NO: .....

**For Office use only**

<b>Referral Information:</b> Initial contact: Referrer ..... Family ..... Initial Visit by Co-ordinator: .. ..... Vol's 1 <sup>st</sup> Visit: ..... ..... Vol's Final Visit: ..... .....	<b>Review Information:</b> 6 Week Review: ..... ..... 3 Month Review: ..... ..... 6 / 9 / 12 Month Review: ..... ..... <b>Final Review:</b> .....	<b>Referral Letters:</b> Match info to referrer: ..... Inaccessible family: ..... Closing letter: .....
<b>Details of family referred back:</b>		

So that we can offer the family the most appropriate support and match the most suitable volunteer, please complete the following table. Families will not be prioritised on the basis of how many categories are ticked. This information also helps us to evaluate the outcomes of our support.

		<b>Please tick ✓</b>	<b>If you have ticked, please tell us why this is a need.</b>
1	Feeling isolated		
2	Using other services/facilities in the area		
3	Parent(s) emotional health/well being		
4	Parent(s) self-esteem		
5	Parent(s) physical health/well being		
6	Child(ren)'s physical health/well being		
7	Child(ren)'s emotional health/well being		
8	Managing the child(ren)'s behaviour		
9	Being involved in the child(ren)'s development		
10	Stress caused by conflict in the family		
11	The day-to-day running of the house		
12	Managing the household budget		
13	Coping with the extra work caused by multiple birth/multiple children under 5		
14	Other (please describe)		

**Family Information:** Please include details of any issues which may impact on the work of the Home-Start volunteer, e.g. family circumstances, relationship issues, domestic violence, child protection issues, extended family etc. Please attach extra sheets if required.

*This form will be held in confidence and may be shown to the family if requested*

**Has this referral been discussed with the family prior to completing this form?**

Yes

No

**Has ALL the information been cleared with the family?**

Yes

No