

Referral form

Family Number (scheme use).....



Date referral received (scheme use) _____

- 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
- The family must have at least one child under the age of five years.

Name of family.....

Address.....

.....Postcode

Landline No: E mail (please PRINT)

Mobile No/.....

Please provide some details about the adults caring for the child[ren]:

	Name	Main carer ✓	Resident in household ✓	Comments e.g. lone parent
Mother/partner				
Father/partner				
Other main carer[s]				

Referred by:

Date of referral:

Name: Role: Agency: Address: Postcode: Tel: E mail:	Family Doctor: Tel: Health Visitor: Tel: E mail: Other agencies involved: <ul style="list-style-type: none"> • • •
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Please ✓ all that apply to this family

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	Disability/physical health issue	other please specify
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If you have ticked any of the above please provide more information (e.g what is physical health issue)

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Has the family been referred to First Response/First Point/Early Help? If so when, and what was the outcome?

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When did you last visit the family home?

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

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*** If partner is not resident please give details if known (where living/formal/informal contact arrangements, history of domestic abuse, any injunctions/restrictions in place etc)**

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Is there a partnership agreement in place? Yes/no (if yes we will need details)

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Please add any background information that you think we would find useful

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Details of children (please include details of all children under18)

Child's name Eldest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ if yes	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. CAF *	Who is the lead professional?	Child in need ✓ *	Child care/ protection plan (✓)*
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		British	Irish	Other White				
C1.																								
C2.																								
C3.																								
C4.																								
C5.																								
C6.																								

***If support is offered we will require dates of any meetings relating to this family and copies of minutes, CP plans.**

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.

Family needs	√	If you have ticked, please tell us <u>why</u> 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)		

Details of other members of the household with responsibilities for caring for the children

	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/NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

Referrer's signature Date

Parent's signature Date

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

We are unable to process your 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

We will remain in touch while supporting this family and will contact you when the support ends

If you have any issues or concerns about the referral process or the support for the family please contact us on 01179501170