

Referral form

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..... Family Number (scheme use).....

Address.....

.....Postcode

Tel. NoMobile NoE mail

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

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

Referred by:

Date of referral:

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

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	other please specify
-------------	-----------------	----------------	----------------------	-----------------------	-----------------------	----------------------	------------------------------------	----------------------

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

.....

.....

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

.....

Details of children - Please note the family must have at least one child under the age of five years, (please include details of all children under 18)

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/ UNOCINI (✓)	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.																									
C7.																									
C8																									
C9																									
C10.																									

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

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 <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 YES?	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish
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 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 at:

Home-Start Chelmsford, Unit 9b The Old Dairy, Reeds Farm Estate, Roxwell Road, Chelmsford, Essex CM1 3ST.

Tel: 01245 421222. E mail: office@homestartchelmsford.co.uk