# 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**

**Name of family**…… **Family Number (scheme use)**……..

Address……

…….. Postcode ……

Tel. No …….. Mobile No ……..…….. E mail ……

**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] | | | | |

**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: *See guidance for definitions**

| Lone parent | substance misuse | 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:**

……

……

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

**Please add any background information 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** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | | | | | | | | | | | | | | | | | | | | |

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

**Tara Lea McElduff, Co-ordinator, Home-Start Omagh District, MACCA Resource Centre, 21a Knockshee Park, Omagh, BT89 7PH**

**Phone: 028 8224 0902 Email: info@homestartomaghdistrict.org.uk**

**Details of Children** (Plese record all dependent* children in the household (*see guidance for definition)

| Child's name Eldest first | Gender | | Date of birth | Immigration status | | | Considered to be disabled by main carer? √ | 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 professional lead? | Child in need √ | Child care/ protection plan (√) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | | Asylum seeker | Refugee | Pending | | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | 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