Referral Form for Self-Referrals
(For all other referrals please use Professional Referral Form)

Section A

Home-Start Family No.: _____ **Scheme code: OMA**

Organiser/Co-ordinator name: Tara Lea McElduff

Who is answering the questions: Mother/Father/Other (please identify):

Name of family:	**Date:**	**Tel No:**	**Mobile No:**
Address:		**Post Code:**	**E-mail:**

Please give details of adults caring for the children:

	Name	**Main carer please tick**	**Resident in household please tick**	**Relationship to child/ren if applicable.**
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

How did you hear about Home-Start?

1= Friends/family/neighbour 2= Health visitor 3= Social worker 4= other

	Name	**Phone number**
Family GP		
Health Visitor		

Please √ all that apply to this family's circumstances: See Guidance for definitions *

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 your family:

……

……

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

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																				

Details of children (please include details of all *dependent children) See Guidance for *definition

Child's name Eldest first **NB Refer to guidance when allocating nos. for new babies/children**	**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 (√)**	**Child in need √**	**Child care/ protection plan (√)**
	Male	Female		Asylum seeker	Refugee	Pending	YES?	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																							

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