

HOME-START NORTH DORSET

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

Please ✓ all that apply to this family

Lone parent	substance misuse	domestic abuse	mental health issues	learning disabilities	post natal depression	Interpreter required	teenage pregnancy 19yrs or younger	other please specify
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Are there any Health and Safety issues that we need to consider when placing a volunteer with this family:

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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

.....

Please record all dependent* children in the household (*see guidance for definition)

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

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 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																				

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)		
Parents own learning needs		

Child's name Eldest first	Gender		Date of birth	Immigration status			Considered to be disabled by main carer? ✓ YES/NO?	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Subject to assessment of needs e.g. CAF/ TAF (✓)	Who is the professional lead?	Child in need ✓	Child 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.																								

Main carer signature..... Date

Partner signature..... Date

Are there any other persons over the age of 18 residing in the house whom are mentioned on this form?

We need their signatures to say they are happy we hold information about them.

Name.....Signature.....

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 signed by all over 18's named on this form to comply with GDPR.

Referrer's
Name.....Signature.....

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