Date Received ……. **Family Number** …… **MESH / Database**

For Office Use Only

REFERRAL FORM

Home-Start
Support and friendship for families

Please note that all referrals must be made with the consent of the family **Date of referral:**

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 (please include details of all children under 18)

NAME OF FAMILY:	**REFERRED BY:**	
Address	Name	Family Doctor
	Role	Tel
	Agency	Health Visitor
Postcode	Address	Tel
Tel	Postcode	E mail
Mobile No	Tel	Other agencies involved
Email	Email	

Alternative Contact No (ie extended family member) ***Preferred time to receive call from Home-Start Coordinator?***

* *N=Prefer not to say HT= Heterosexual HM=Homosexual AS=A Sexual*	**Name**	**Main Carer**	**Resident in household**	**Date of birth**	**Gender**			**Immigration status**			**Considered to be disabled? √**	**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 Protection Plan √**	**Who is the lead professional?**
		(√)	(√)		Male	Female	* Sexual Orientation	Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White				
Mother/Partner																												
Father/Partner																												
Child1 (youngest 1st)																												
Child 2																												
Child 3																												
Child 4																												
Child 5																												
Child 6																												
Child 7																												
Child 8																												

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) ……

……

So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table – keeping in mind that there is no '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 progress.
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
1	Managing child's behaviour		
2	Being involved in the child(ren)'s development		
3	Coping with own physical health		
4	Coping with own mental health		
5	Coping with feeling isolated		
6	Parent's self-esteem		
7	Coping with child's physical health		
8	Coping with child's mental health		
9	Managing the household budget		
10	The day-to-day running of the house		
11	Stress caused by conflict in the family		
12	Coping with multiple birth/multiple children under 5		
13	Use of services		
14	Other (please describe)		

[You will be informed when weekly home visiting support begins and ends]

Referrer's signature …….. Date ……

Parent's signature …….. (optional) Date ……

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