

HOME-START REFERRAL FORM

Scheme code: SOT

Home-Start Family number:.....



Support and friendship for families

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

Please note that all referrals must be made with the consent of the family. Please note the family must have at least one child under the age of five years.

Have you discussed this referral with the family prior to completing this form? YES / NO

This form will be held in confidence but may be shown to the family if requested.

Name of family..... Family No (office use).....

Address

..... Postcode

Tel No Mobile No

E-mail Address:

Name of mother/partner Main carer YES/NO

Name of father/partner Main carer YES/NO

Please tell us if an interpreter is required for this family. YES / NO

Has this family received Home-Start support previously? YES / NO

If yes, when did the support cease?

Referred by:	
Name	Role
.....	
Agency	Family Doctor
Address	Tel
.....	Health Visitor
Postcode	Tel
E-mail	Other Agencies involved
Tel

We try to respond to all referrers within 2 weeks after receiving the referral to report progress. If you have any issues or concerns about the referral process or the support for the family, please contact us.

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
1. Managing child's behaviour		
2. Being involved in the child(ren)'s development		
3. Coping with own physical health		
4. Coping with own emotional wellbeing / mental health		
5. Coping with feeling isolated		
6. Parent's self-esteem		
7. Coping with child's physical health		
8. Coping with child's emotional wellbeing / 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)		

- Please tell us about any Health and Safety issues that we need to consider when placing a volunteer with this family (more space available on the attached extra sheet at the back)

Please tick all that apply:

Lone parent	substance abuse	domestic abuse	Emotional wellbeing/ mental health issues	learning disabilities	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	Communication difficulties	other please specify
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- Please add any background information that you think we would find useful (on the attached extra sheet at the back of this form)

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

Child's name Youngest first	Gender		Date of birth	School Attended	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

Details of other members of the household with responsibilities for caring for the children and/or living in the house

	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																				
Other Please specify e.g. Grandparent																				

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 will try to respond to you within two weeks to tell you about progress with this referral. Should you wish to discuss any issue relating to this referral or provide any additional information that you think is relevant, please contact us on 01782 280850.

FOR OFFICE USE ONLY:									
Date of Co-ordinator's first visit:		Name of Volunteer/FSW & date of introduction:			Date of introduction to Family Group:		Date of withdrawal of Home-Start support:		
Referral Not Taken Up/Inappropriate (please circle appropriate)									
Enabled family to find other more appropriate support	Family found alternative support	Volunteer not required	Unsuitable referral	Lack of suitable volunteer	No volunteer available	Lack of scheme resources	Other (please specify)		

Extra Information Sheet

Background Information:

Please outline any medical problems in the family:

Any additional comments:

Any issues relating to health and safety: