

Referral Form



Office Use Only
 Family Number _____ Date Received _____ Scheme Code NDW

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

The family must have at least one child under the age of five years.

Name of Family _____	Address _____ _____ _____ Postcode _____	Tel No _____
		Mobile No _____

Please provide some details about the adults caring for the child[ren]:

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

Referrer Name		Family Doctor	
Role		Tel.	
Agency		Health Visitor	
Address:		Tel.	
Postcode:	Tel:	Other Agencies Involved:	
Date of Referral			

Please ✓ all that apply to this family:

Lone Parent	Substance Abuse	Domestic Abuse	Mental Health Issues	Learning Disabilities	Postnatal Depression	Interpreter Required	Teenage pregnancy	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?

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)		

Details of other members of the household with responsibilities for caring for the children

	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		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish
Main Carer																				
Partner living in household																				

Referrer's signature Date

Parent's signature Date (optional)

We are unable to process your referral until we have received this form

If you have any issues or concerns about the referral process or the support for the family please contact

Home-Start North Down – Tel 02891 271201

PLEASE RETURN COMPLETED FORM TO :

Home - Start North Down, 15 Castle Street, Bangor, BT20 4SU.