

Referral form

Referral date:



Please return form to referrals@home-start-ashford.co.uk

- **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**

Family name		Family number	
Address			
Postcode		Main mobile number	
Second mobile number		Email	

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:

Name	
Role	
Agency	
Tel	
Email	

Please ✓ all that apply to this family: *See guidance for definitions

Interpreteur Required	Unsuitable Housing	Family Member in Prison	Forces Family	Refugee / Asylum Seeker	Financial Concerns	Speech & Language
Lone parent	Substance Misuse	Domestic Abuse	Physical Disability	Learning Disability	Teenage Pregnancy	Mental Health Concerns

Have you visited the family home?

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 would be useful:

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 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)		
15	Parents own learning needs		

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

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 referrals@home-start-ashford.co.uk

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	Non-Binary	Prefer not to say		Asylum seeker	Refugee	Pending		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)

Child's name Eldest first NB Refer to guidance when allocating nos. for new babies/children	Gender				Date of birth	Immigration status			Special Educational Needs / Disability	Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			Early Help (✓)	Child in need (✓)	Child care/ protection plan (✓)	
	Male	Female	Non-binary	Prefer not to say		Asylum seeker	Refugee	Pending		YES?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British				Irish
C1.																										
C2.																										
C3.																										
C4.																										
C5.																										
C6.																										
C7.																										
C8																										
C9																										
C10.																										

Please complete those boxes which apply to any of the children