

Date Received

Family No.

## REFERRAL FORM

Is the family Welsh speaking?

**YES / NO**

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 eleven years of age.

Name of family.....

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 ✓	Comments
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 needs/ PND	Neuro Dev	Learning disability	Physical disability	Refugee & Asylum status	Teenage pregnancy 19yrs or younger	Other please specify

Is an interpreter needed **YES / NO**      Language required .....

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.

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		
Support and advocacy with refugee & asylum issues		
Parents own learning needs		
Other (please describe)		

# Details of Children

Child's name Eldest first  Please give gender and date of birth of all children in the family 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 TAF (✓)	Who is the professional lead?	Child in need ✓	Child care/ protection plan (✓)	
	Male	Female		Asylum	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 fill in the details of parents/guardians/carers here	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		YES?	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

Are there any Health and Safety issues that we need to consider when placing a volunteer with this family ?

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Please add any background information that you think we would find useful, for example ongoing issues with other agencies, acute problems or issues arising from refugee & asylum status.

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Have you visited the family home? Yes / No

Have you discussed this referral with Home-Start Cymru Yes / No

Signed (Family) \_\_\_\_\_

Signed (Referrer) \_\_\_\_\_