

Ffôn/Tel Switchboard: 0333 880 0014

REFERRAL FORM

Cardiff

cardiff@homestartcymru.org.uk



North - Denbighshire, Anglesey

admingogledd@homestartcymru.org.uk

Mid-Wales

adminpowys@homestartcymru.org.uk

West - Swansea, Pembrokeshire

westregion@homestartcymru.org.uk

South - RCT, Merthyr

referralsrctmerthyr@homestartcymru.org.uk

Gwent

info@homestartcymru.org.uk

or

gwentregion@homestartcymru.org.uk

Please note that all referrals must be made with the consent of the family.

Please select the box to confirm you have discussed this referral with the family prior to completing this form? ☐

The family must have at least one child under the age of 11 years of age.

Family Details		Referrers Details		Other agencies/professionals involved
Name of family		Name		<input type="checkbox"/> Health visiting
Address		Role		<input type="checkbox"/> Local authority
Postcode		Agency		<input type="checkbox"/> Schools
Tel. No		Address		<input type="checkbox"/> Social Services
Mobile No		Postcode		<input type="checkbox"/> Other please list
E mail		Tel No		
		E mail		

Please check all that apply to this family:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Lone parent | <input type="checkbox"/> New Parent | <input type="checkbox"/> Substance misuse | <input type="checkbox"/> Domestic abuse |
| <input type="checkbox"/> Mental health needs/ PND | <input type="checkbox"/> Perinatal | <input type="checkbox"/> Neuro Development needs | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Refugee & Asylum status | <input type="checkbox"/> Care Leavers | <input type="checkbox"/> Teenage pregnancy 19yrs or younger |
| <input type="checkbox"/> Armed Forces (Please Select) | <input type="checkbox"/> Other please specify: _____ | | |

Is the family Welsh speaking? ☐ Yes ☐ No

Is an interpreter needed - Please note we do not provide interpreter services in some areas ☐ 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 information. **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.

If you have selected, please tell us why this is a need

A. Parental wellbeing

Parent's emotional wellbeing

- Coping with emotional wellbeing

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Parents/carers parenting knowledge and skills

- Parenting confidence

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Parents/carers connection to the local community

- Parents/carers isolation

☐

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B. Children's Wellbeing

Children's emotional wellbeing

- Emotional/social skills

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Children's behaviour

- Understanding and managing behaviour

☐

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If applicable for age of child/ren

School readiness - meeting developmental milestones

☐

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Health outcomes – registered/attending/up to date

☐

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C. Family Management

Family requires signposting or budgeting support

- Access to other services/support required by others

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

	Details of parents/guardians carers	Date of Birth	Employment status	Resident in household	Gender	Immigration Status				Consider themselves to be disabled	Other comments
						Asylum seeker	Refugee	Pending	n/a		
Main Carer				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Carer				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Details of Children

Child's name Eldest first Please give gender and date of birth of all children in the family	Date of Birth Child 11 and under to continue with referral	Gender	Consider themselves to be disabled	Subject to assessment of needs TAF etc	Care and support Plan	Child protection
C1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Yes ☐ No

IF YES please provide additional information

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.

Please complete information required

☐ Yes ☐ No

☐ Yes ☐ No

Verbal consent gained / or signed by Family _____ Signed (Referrer)

Date