

Home-Start Staffordshire Moorlands, School Yard, Earl Street, Leek, Staffs, ST13 6JT

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Support and friendship
for families

Referral Form – PRIVATE & CONFIDENTIAL

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. If you have any issues or concerns about the referral process / support for the family, please contact Louise Walker, Senior Organiser: 01538 387231.

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

Date of referral: / /		Scheme Code: (office use only) MOO		Home-Start Family No:(office use only)	
				Children's Centre Area:(office use only)	
Have you discussed this referral with the family prior to completing this form? Yes / No					
Needs Continuum Framework Level of Need: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input checked="" type="checkbox"/> Level 4 <input type="checkbox"/>					
Family name:		Address:			
.....				
		Postcode:			
		Telephone No(s):		Mobile No(s):	
		Email Address:			
	Mother/partner Lone Parent? (tick) <input type="checkbox"/>		Father/partner Lone Parent? (tick) <input type="checkbox"/>		Other members of household with responsibilities for caring for children
Name:	.....		.....		.....
Main Carer?	Yes / No		Yes / No		Yes / No
Date of Birth: / / / / / /
Resident in Household?	Yes / No		Yes / No		Yes / No
Do they consider themselves to be disabled?	Yes / No		Yes / No		Yes / No
Gender:	Male / Female		Male / Female		Male / Female
Sexual Orientation:	Heterosexual / Lesbian / Gay / Bisexual		Heterosexual / Lesbian / Gay / Bisexual		Heterosexual / Lesbian / Gay / Bisexual
Religion:					
Immigration Status: (if applicable)	Asylum Seeker / Refugee / Pending		Asylum Seeker / Refugee / Pending		Asylum Seeker / Refugee / Pending
Ethnic Origin: (see coding below)					
.....					
Asian or Asian British: Indian AIN / Pakistani APK / Bangladeshi ABA / Other Asian AAO					
Black or Black British: Caribbean BLB / African BLF / Other BLG					
Chinese or Other Ethnic Group: Chinese CHE / Other Ethnic OEO					
Mixed White: Any Mixed MOT					
White: British WHB / Irish WHR / Other White WHA					
Please tell us if an interpreter is required for this family: Yes / No					
Referred by Self or by which Agency:					
Referrer's Name:		Role:			
Referrer's Address:				Postcode	
Referrer's Contact Telephone Number:			Email:		
Family doctor:			Tel. No.:		
Health visitor:			Tel. No.:		
Other agencies involved: eg Social Worker			Tel. No.s:		

Children in the family Please note: the family must have at least one child under the age of five years.

Please include the names of all children under 18 years.

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Name of Child	.....	.....	.....	.....	.....	.....
Date of Birth / / / / / / / / / / / /
Immigration Status (if applicable)	Asylum Seeker / Refugee / pending	Asylum Seeker / Refugee / pending	Asylum Seeker / Refugee / pending	Asylum Seeker / Refugee / pending	Asylum Seeker / Refugee / pending	Asylum Seeker / Refugee / pending
Considered to be disabled by main carer?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Gender	Male / Female	Male / Female	Male / Female	Male / Female	Male / Female	Male / Female
School attended	.....	.....	.....	.....	.....	.....
Child Protection Register / Child Care Plan	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Child in need?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Subject to an 'Assessment of Needs' such as CAF?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Ethnic Origin (coding below)	.....	.....	.....	.....	.....	.....

Asian or Asian British:
 Black or Black British:
 Chinese or Other Ethnic Group:
 Mixed White:
 White:

Indian AIN / Pakistani APK / Bangladeshi ABA / Other Asian AAO
 Caribbean BLB / African BLF / Other BLG
 Chinese CHE / Other Ethnic OEO
 Any Mixed MOT
 British WHB / Irish WHR / Other White WHA

Background information (please add any background information that you think we would find useful ~ if necessary attach an extra sheet):

Do either of the following apply to this family?

Learning Disabilities

Teenage Pregnancy (aged 19 or younger)

Please tell us if the family has issues relating to (*please tick*):

Domestic Abuse

Please tell us if the family has issues relating to (*please tick*):

Post-Natal Depression

Mental Health Issues

Please outline any health problems in the family:

Does any member of the family receive disability-related benefits? If so, who?

Please tell us if the family has issues relating to (*please tick*):

Substance Abuse

Please tell us about any Health & Safety issues that we need to consider when placing a volunteer with this family:

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 the family's needs in the following areas:

Family Needs	Tick	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 health		
5 Coping with feeling isolated		
6 Parent's self-esteem		
7 Coping with child's physical health		
8 Coping with child's emotional 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 the extra work caused by multiple birth/multiple children under 5		
13 Use of services and facilities		
14 Other (please describe)		

Referrer's Signature: Parent's Signature:

Date: / / Date: / /

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. We will remain in touch while supporting this family and will contact you when support ends.