

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 Have you visited the family home Yes / No

Name of Family _____

Address _____

Postcode _____

Tel. No _____ Mobile No _____ 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	Health Visitor
Role	Tel
Agency	E mail
Address	Other agencies involved
Postcode	
Mobile	
Tel	
E mail	

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

Lone parent	substance misuse	domestic abuse	mental health issues	learning disabilities Adult or child	post-natal depression	Childs Behaviour	Interpreter required	teenage pregnancy 19yrs or younger	other please specify
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Are there any Health and Safety issues that we need to consider when visiting or placing a volunteer with this family?

Please add any background information that you think we would find 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 explain the need and what support is required
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 emotional health and wellbeing		
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)		
Parents own learning needs		

Please record all dependent* children in the household (*see guidance for definition)

Details of Children

Child's Name Oldest 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			Early Help Assessment	Child in need	Child care/ protection plan	Who is the professional lead?
	Male	Female		Asylum seeker	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 complete those boxes which apply to any of the children. **Note** the terms above are nation-specific – not all will be relevant in your area

Details of 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	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																				

Referrer's signature _____ Date _____

Parent's signature _____ Date _____

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 the office

Return completed form to: Home-Start Blackpool, Fylde & Wyre, Lancaster House, Amy Johnson Way, Blackpool, FY4 2RP

Tel: 01253 728615 Email: enquiries@homestartbfw.org.uk