

## REFERRAL FORM

(Criteria: Live in borough of Ealing & have at least one child under the age of 5)

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

### THE FAMILY MUST AGREE TO THIS REFERRAL

PARENT(S)	Mother/Partner	Father/Partner
First Name		
Last Name		
Main Carer	Yes/No	Yes/No
Address		
Postcode		
Home Telephone No.		
Mobile Telephone No.		
Email Address:		
Ethnic Origin ( <i>codes - overleaf</i> )		
Do they consider themselves to be disabled?	Yes/No	Yes/No
Special Needs ( <i>please state</i> )		
Date of Birth		
What Languages are spoken and/or understood?		
Immigration status	Asylum seeker Refugee	Yes/No Yes/No
		Asylum seeker Refugee
		Yes/No Yes/No

CHILDREN (under 18)	1	2	3	4	5
First Name					
Last Name					
Gender	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
Date of Birth					
Ethnic Origin ( <i>see codes - overleaf</i> )					
Considered to be disabled by main carer?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Special Needs ( <i>please state</i> )					
Child in Need	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Child Protection Plan	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Asylum Seeker	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Refugee	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
School/Nursery Details					
Free School Meals	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

**Details of other members of the household with responsibilities for caring for the children**

Name	Relationship to child/ren e.g. grandparent	Gender	Date of Birth	Ethnic Origin <i>(see codes below)</i>	Do they consider themselves to be disabled	Asylum Seeker/ Refugee
					Yes/No	Yes/No
					Yes/No	Yes/No

**Details of any assessments for children's needs – Is any child subject to an assessment of needs such as CIN/CP/EHAP? YES/NO**

Name of child	Type of Assessment				Name and agency of lead professional
	CIN	CP	EHAP	Other	
1.					
2.					
3.					
4.					
5.					

REFERRAL	Referred by	Health Visitor	Family Doctor
Name			
Dept/Organisation			
Address			
Postcode			
Telephone no.			
Email Address:			
Have you informed them of this referral?		Yes/No	Yes/No

If the family is receiving any other support which you feel would be beneficial for us to know please detail below:

Ethnicity Codes	
<b>White</b> A White British B White Irish C White Other	<b>Mixed</b> H White and Black Caribbean J White and African K White and Asian L Any other mixed background – please state
<b>Asian or Asian British</b> D Indian E Pakistani F Bangladeshi G Any other Asian background – please state	<b>Black or Black British</b> M Caribbean N African O Any other Black background – please state
P Chinese	Q Any Other Ethnic Group

*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 prioritized on the basis of how many categories are ticked.*

*This information also helps us to evaluate the outcomes of our support.*

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 and how a volunteer maybe able to help
1	Managing child's behaviour		
2	Being involved with 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 the extra work caused by multiple birth/multiple children under 5		
13	Use of Services		
14	Other (please describe)		

Please tell us about any Health and Safety issues that we need to consider when assessing the potential for matching a volunteer with this family

Please tell us if the family has any issues relating to (please circle):

**Lone Parent    Drug/Alcohol abuse    Domestic Violence    Post-natal depression    Mental Health**

Threshold of Needs (if applicable)                      Level 1                      Level 2                      Level 3                      Level 4

*Please feel free to attached any background information that you think we would find useful on a separate sheet of paper*

Referrers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

