

Referral Form

Scheme Code: KIC

Family Number (scheme use) _____

Referral Received by Home-Start on _____

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.

Have you discussed this referral with the family prior to completing this form? (please ✓) **YES** _____ **NO** _____

We will endeavour to contact the family within 7 days of receiving your referral and update you of progress within 2 weeks.

All personal and private information about families is treated as confidential, except where there are concerns for the health and safety of the child(ren). With the parents knowledge, general information about the level and value of support will be shared with you.

Name of family..... Date

Address

..... Post Code

Tel No Mobile No

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

The family must have at least one child under the age of five years. Please include all under 18.

Child's Name Eldest first	Date of birth	subject to Assessment of Needs / IAF ✓	Name of lead professional	Child in Need ✓	Child Protection Register/ Childcare Plan ✓
C1					
C2					
C3					
C4					
C5					
C6					

Referred by:	
Name _____ Role _____	Family Doctor _____
Agency _____	Tel _____
Address _____	Health Visitor _____
_____	Tel _____
_____	Other Agencies involved
Tel _____	_____
Email _____	_____
Signature _____	_____

Please turn over

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 tell us <u>why</u> this is a need
1. Managing child's behaviour		
2. Being involved in the child(ren)'s development		
3. Parent's physical health		
4. Parent's emotional/mental health		
5. Feeling isolated		
6. Parent's self-esteem		
7. Child's physical health		
8. Child's emotional health/well-being		
9. Managing the household budget		
10. The day-to-day running of the house		
11. Stress caused by conflict in the family		
12. Extra work caused by multiple birth/multiple children under 5		
13. Use of other services		
14. Other (please describe)		

- Other issues: (please ✓ all that apply to this family)

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	other please specify
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- Please tell us if you are aware of any Health and Safety issues that we need to consider when placing a volunteer with this family: _____
- Any other information you think we would find useful (attach an extra sheet if necessary).

Please send completed form to: Senior Co-ordinator, Home-Start Kincardine,
 32 David Street, Stonehaven. AB39 2AL

Family Details

<i>Note: you do <u>not</u> need to add child's name on this form - the information requested will be anonymous.</i>	Gender		Immigration status			Are they consider to be disabled?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group			White		
	Male	Female	Asylum seeker	Refugee	Pending	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Dual Heritage	British	Irish	Other White
Details of children (eldest first)																				
Child 1																				
Child 2																				
Child 3																				
Child 4																				
Child 5																				
Child 6																				
Details of other members of the household <i>with responsibilities for caring for the children</i>																				
Main Carer																				
Partner living in household																				
Other - please specify e.g. Grandparent																				