

Referral for:

Home Visiting only

Group only

Both

REFERRAL FORM

FAMILY NUMBER:
(Home-Start office use only)

NB: the family must have at least one child under school age in order to receive Home-Start Support.

DATE OF REFERRAL:

NAME OF MAIN CARER:

ADDRESS:

.....

Post Code:.....Tel. No:

NAME OF REFERRER:

AGENCY:

ADDRESS:.....

.....

Post Code:.....Tel. No:

SELF?
If a self referral, how did you hear of Home-Start?

FAMILY DOCTOR: SURGERY:

HEALTH VISITOR: TEL NO:

Signature of family agreeing to referral and consent for Home-Start Portsmouth to hold details on file in confidence:

Signature(s):.....

Date:

Please provide details of all members of the household where ever possible:

	Name of family member	Gender: M / F	Date of Birth:	Asylum Seeker? Y / N	Refugee? Y / N	Considered to be disabled? (by self / main carer) Y / N	Ethnic Code (see below)	CAF completed? Y/ N *	Child is classified as a Child In Need? Y / N	Child has child protection plan? Y / N
Adults that live with the children	Main Carer: Name:									
	Partner living in household: Name:									
	Other adult(s)									
Children	1.									
	2.									
	3.									
	4.									
	5.									
	6.									

* If a CAF has been completed, what is the name and agency of the Lead Professional?

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ASIAN / ASIAN BRITISH:	WHITE:	BLACK / BLACK BRITISH:	
INDIAN = F	BRITISH = A	AFRICAN = D	MIXED RACE = M
PAKISTANI = G	IRISH = B	CARIBBEAN = C	ANY OTHER = J
BANGLADESHI = H	OTHER WHITE = L	OTHER = E	
CHINESE = I			
OTHER ASIAN = K			

So that we can offer the family the most appropriate support, and match the most suitable volunteer please complete the table below.

Please note that there is a not a 'points' system and families will not be prioritised on the basis of how many categories are ticked. Referrals are dealt with strictly on a 'date received' basis.

Area of need	Tick if applicable	Why is this a need and how might a volunteer help?
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 Isolation		
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 home		
11. Stress caused by conflict within the family		
12. Coping with the extra work caused by multiple birth / children under 5		
13. Use of other services		
14. Other (please describe)		

Are there any issues around Health and Safety that we need to consider when placing a volunteer with this family? (For example Exotic or large animals, heavy smoking or Domestic Violence)

Are there any health problems in the family? Please give details.

What other agencies are involved in supporting the family?

Does the family have any of the following factors present? (please tick)

- Lone Parent
- Drug / alcohol / substance misuse
- Domestic violence
- Post-natal depression
- Requires an interpreter
- Teenage parent (pregnant at 19 or under)
- Other mental health difficulties

Please add any background information, which you think we would find useful:
(continue on a separate sheet if necessary)

