

Home-Start
Family Number
(office use only)

HOME-START SOUTH HAMS REFERRAL FORM



Date of referral Has family agreed to accept Home-Start? Yes / No

Please note we are obliged to advise you that any information you give us can be shared with the family.

Name of referred parent / main carer

Address

..... Postcode

Telephone no.:..... Mobile no.:.....

Single parent? Yes / No Name of partner

Has this family received Home-Start support previously? Yes/No

Is an interpreter required for this family? Yes/No

Name of child/ren	Gender	Date of birth	On Child Protection Register or subject to a Childcare Plan? Yes / No (if yes-date registered)	Registered or considered to be disabled? Yes / No

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

Referred by:
Name Agency

Address

Postcode Telephone no.

Are you aware of any domestic abuse within this household? Yes/No

To be completed by Home-Start Co-ordinator:

Initially contacted family on Initially visited family on

Home visiting Group Support Both

Matched family on Volunteers name

Home-Start support ended Reason not matched

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. We are unable to process your referral until we receive this form.

	✓	If you have ticked, please tell us why there is a need and how a volunteer might be able to help
1. Feeling isolated		
2. Using other services/facilities in the area		
3. Parent(s) emotional health/well being		
4. Parent(s) self-esteem		
5. Parent(s) physical health/well-being		
6. Child(ren)'s physical health/well-being		
7. Child(ren)'s emotional health/well being		
8. Managing the child(ren)'s behaviour		
9. Being involved in the child(ren)'s behaviour		
10. Stress caused by conflict in the family		
11. The day to day running of the house		
12. Managing the household budget		
13. Coping with the extra work caused by multiple birth/multiple children under 5		
14. Other (please specify)		

Please provide some details about the children and adults caring for them:

Details of children

Please note the family must have at least one child under the age of five years, (please include details of all children under 18)

Name of child	Immigration status		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
	Asylum seeker	Refugee	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
1.															
2.															
3.															
4.															
5.															

Details of any assessments for children's needs

Name of child	Subject to an assessment of needs such as CAF*		Name and agency of lead professional
	YES	NO	
1.			
2.			
3.			
4.			
5.			

Background and any other additional information.
(N.B. This information may be shared with the family)

Empty box for background information.

Are there any issues around health and safety that we need to consider when placing a volunteer with this family, i.e. pets?

Empty box for health and safety issues.

Data Protection Act 1998: Family names and addresses are stored on our computer system, purely for internal administrative purposes and are only available to other parties following the express consent of the family concerned. Home-Start may share information with the original referrer unless specifically requested not to.

I have read and agreed with the above, and accept a visit from the Home-Start Organiser/Coordinator

Parent Signature:..... Date.....

Referrer Signature Date.....