

Home-Start Haringey

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Support and friendship
for families

REFERRAL FORM

Scheme Code: HAR.

Home Start Family Number (Official use only) _____

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM

We try to respond to all refers within 2 weeks after receiving the referral to report progress. If you have any issues or concerns about the referral process or the support for the family please contact Fatmata Bah, Scheme Manager

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 ___

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

Please note that the family must have at least one child under age of 5 years.

Name of children Under 5	Date of birth	Registered Disabled		Child Protection Plan	
		YES Please state	NO	YES	NO
Other Siblings					

Name of family : _____ Date: _____

Address _____

Post Code: _____ Tel No. _____

Name of mother/partner _____ Main carer YES/NO

Name of father/partner _____ Main carer YES/NO

Please tell us is an interpreter is required for this family YES/NO



<u>Referred by:</u>	
Name _____	Family Doctor _____ _____ _____ Tel _____ Health Visitor _____ _____ _____ Tel _____
Agency _____	
Address _____	

Tel _____	
E-mail: _____	
If Self Referral please tick <input type="checkbox"/>	

Are there any other agencies involved or offering any additional support?.....

1. Who?.....

What service do they provide?

.....

2. Who?.....

What service do they provide?

.....

3. Who?.....

What service do they provide?

.....

Dated:

I hope that Home-Start Haringey will help meet needs the family has in the following areas:

Reason for the referral:.....

.....

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 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 why this is a need
1. Managing child's behaviour		
2. Being involved in 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 placing a volunteer with this family:Please tell us if the family has issues relating to (please circle):
Lone parent Drug/Alcohol abuse Domestic violence Post-natal depression Mental health
- Please add any background information that you think we would find useful (if necessary attach an extra sheet).

This section is for monitoring purposes only

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	Gender		Date of birth	Immigration status		Considered to be disabled by main carer?		On Child Protection Register or subject to child protection plan?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White			
	Male	Female		Asylum seeker	Refugee	YES	NO	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish	Other White
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							

Details of any assessments for children's needs – Is any child subject to an assessment of needs such as CAF? Yes / No

Name of child	Name and agency of lead professional
1.	
2.	
3.	
4.	
5.	

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

	Gender		Date of birth	Immigration status		Do they consider themselves to be disabled?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Grp		Mixed	White		
	Male	Female		Asylum seeker	Refugee	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
Main Carer																				
Partner living in household																				
Other Please specify e.g. Grandparent																				

Referrer's signature **Date**

Parent's signature **Date** *(optional)*

Thank you for taking time to provide this information which will help us to process the referral. We will try to respond to you within two weeks to tell you about progress with this referral.