

Family No. _____
(office use only)

Home-Start Surrey REFERRAL FORM



- Please note that all referrals must be made with the consent of the family, and have at least one child under 5.
- Have you discussed this referral with the family prior to completing this form? **YES / NO**
- Have you carried out a home visit with this family? **YES / NO**

To enable your referral to be processed please ensure that all 3 pages are fully completed.

Name of family:

Main Carer:

Address :

..... **Postcode:**

Tel No: **Mobile No:**

E mail:.....

Referred by:

Name:	Family Doctor:
Role/ Self referral:	Surgery:
Agency:	Health Visitor:
Address:	Tel:
Postcode:	E mail:
Tel:	Other agencies involved:
E mail:	

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
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Are there any **Health & Safety** issues we need to consider when placing a volunteer with this family ? (please give details):

Has an Early Help Assessment been completed for this family? **YES/ NO**

If Yes, **Lead Professional** name:

Agency: Tel:

Email:

Asian / Asian British:	White:	Black/ Black British:	Mixed Ethnic Background:
Indian = I	British = WB	African = BA	White/BlackAfrican= MB
Pakistani = P	Irish= WI	Caribbean= BC	White/Black Caribbean: MC
Bangladeshi= B	White Other = WO	Black Other = BO	White and Asian: MA
Chinese = C			Mixed Other: MO
Asian Other = AO	Travellers = T		

FAMILY NEEDS So that we can offer the family the most appropriate support 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:

	✓	If you have ticked, please tell us why this is a need and how a volunteer might be able to help
1 Managing the child(ren)'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/emotional 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		
13 Use of services		
14 Other (please describe)		



Please add any background information that you think we would find useful overleaf.

Referrer's signature Date

(optional) Parent's signature

We will respond to you within two weeks to tell you about progress with this referral.

We will remain in touch while supporting this family and will contact you when the support ends.

If you have any issues or concerns about the referral process, or the support for the family please contact us. Please return the form to: **Home-Start Surrey Heath, Unit 1, Stuart House, Plantation Row, Camberley, Surrey GU15 3ER**
Tel: 01276 681121 **email: office@home-startsurreyheath.org.uk**