HOME-START SURREY HEATH REFERRAL FORM

Please note that all referrals must be made with the consent of the family (who must have at least one child under 5).
To enable your referral to be processed please ensure that all parts of the form are completed. If we do not receive a fully completed form we will not be able to process the referral.
We will respond to you within two weeks to tell you about the progress of this referral. We will remain in touch if support is offered to this family and will contact you when the support ends.

Please return this form to: Home-Start Surrey Heath, Unit 1, Stuart House, Plantation Row, Camberley, GU15 3ER.
Email: office@home-startsurreyheath.org.uk Tel: 01276 681121

Name of mother/partner _____ D.O.B: _____ Main carer YES/NO

Name of father/partner _____ D.O.B: _____ Main carer YES/NO

Other please specify eg Grandparent_____

Address_____

Postcode: _____Tel No. _____Mobile: _____

Email Address: _____

Ethnicity of Carers:

Asian or Asian British	**Mixed**	**White**	**Black or Black British**
Bangladesh ☐	White & Asian ☐	British ☐	African ☐
Chinese ☐	White & Black Asian ☐	Eastern European ☐	Caribbean ☐
Japanese ☐	White & Black Caribbean ☐	European ☐	Arab ☐
Pakistani ☐	Other Mixed Background ☐	Gypsy or traveller ☐	Other Black Background ☐
		Irish ☐	
		Other White Background ☐	

Immigration Status: Asylum Seeker/Refugee ☐ **Do not wish to disclose/Unknown ☐**

Name of Child	**Gender M/F**	**Date of Birth**	**SEND/ Disabilities**	**Child subject to an assessment of needs? TAF/EHA/CIN/CPP etc**	**Ethnicity of Child:**

Referrer details:
Name:

Role:

Agency/Self:

Tel/Mobile:

Email:

Family details (if known)

Family Doctor/GP:

Health Visitor:

Other Agencies involved, ie have the family been referred to Early Help Hub or has an EHA been completed:

Are the family known to Surrey Children's Services:

FAMILY NEEDS

To ensure that Home-Start is the correct service for the referred family, please complete the following table. Once we have agreed to support the family, this information, together with further details provided by the family, will ensure that we can offer the most appropriate support and will be used to monitor our services.

	√	**Please provide details of the need and how Home-Start may 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 under 5		
13. Use of services		
14. Other (please describe)		

Have you visited the family home: Yes/No

Please tell us about any Health & Safety issues that we need to consider when placing a volunteer with the family:

Please tell us if the family has issues relating to:
Safeguarding □
Lone parent □
Substance abuse □
Domestic Abuse – past □ present □
Emotional Health issues, eg PND □

Please add any background information, that you think we would find useful on a continuation sheet if relevant.

Referrer's signature & Date:	Parent's signature & Date:

If you have any issues or concerns about the referral process, or the support for the family please contact us

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