

Referral to Home-Start North Somerset

Scheme Code: Home-Start Family Number (Official use only):

Please fully complete all sections of this form

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**
 Is the family happy to welcome a volunteer to support them on a regular weekly basis? **YES/NO**
 Have you collected the family's signature? **YES/NO** Parent's signature:

This form will be held in confidence but will be shared with the family as the information included will be used to plan support.

Name of family.....Date

Address.....

.....Postcode

Tel No.....Mobile No.....

Email Does the family require an interpreter **YES/NO**

	Name	Date of birth	Resident in Household	Gender (M/F)	Considered Disabled (Yes/No)	Immigration Status	Ethnic origin/ Culture
Main Carer							
Partner living in Household							
Other adult (please specify)							

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

Name of child	DOB/ EDD	Gender (M/F)	Considered Disabled (Yes/No)	CP Plan (Yes/No) CAF (Yes/No) Please name Lead Professional	Ethnic origin	School/ expected school

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 <u>why</u> 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 emotional health/ well being		
5. Coping with feeling isolated(please state reason for isolation e.g. geographic, depression etc).		
6. Parent's self-esteem		
7. Coping with child's physical health		
8. Coping with child's emotional health/ well being		
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)		

Are there any other issues that we need to consider when placing a volunteer with this family (eg domestic violence/pets/family history/ drug/alcohol /hygiene/ postnatal depression/ mental health/ smoking).

Please add any background information that you think we would find useful (if necessary attach an extra sheet).

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	other (please specify)
-------------	-----------------	----------------	----------------------	-----------------------	-----------------------	----------------------	------------------------------------	------------------------

Referred by:	Agency:
Address:	Telephone:
Postcode:	Email:
Other agencies involved	
Family Doctor:	Tel:
Health Visitor:	Tel:
Family Support worker:	Tel:
Other:	Tel:
Other:	Tel:

Is this a re-referral? YES/NO Referrer signature:.....

Please return to:

Home-Start North Somerset, Office Suite 6, Locking Road Business Park, 110 Locking Road, Weston-super-Mare, BS23 3HF

Tel: 01934 419396

Email: admin@home-startnorthsomerset.org.uk

(This form is available electronically)

Criteria Checklist for a Home-Start Referral

A referral to Home-Start will be accepted where:

The family has given their consent

There is at least one child under 5 years of age

The family lives within North Somerset

There is no perceived danger to the personal safety of the staff and volunteers who visit the family

The referral is for support, friendship and practical help