

Scheme Code: WTG

Family No .....  
 Organiser .....  
 (for office use only)

## CONFIDENTIAL REFERRAL FORM

Please note that all referrals must be made with the consent of the family and we are unable to process your referral until we receive this form. *Please note the family must have at least one child under the age of five years.*

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.

Name of family..... Other surnames used .....

Address .....

..... Postcode .....

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

Email Add ..... Temporary Accommodation YES/NO

Name of mother..... Main carer YES/NO

Name of father/partner ..... Main carer YES/NO

Name of other carer (i.e. grand-parent) ..... Main carer YES/NO

Please tell us if an interpreter is required for this family YES / NO If so, which language \_\_\_\_\_

<p><b>Referred by:</b>          SELF YES/NO (Please circle)          Name of Referrer _____          Agency/Position _____          Address _____          Postcode _____          Tel: _____          Email _____</p> <p><b>Please note that we cannot accept this referral unless all pages have been completed and signed on Page 4. Many thanks.</b></p>	<p><b>Other Information:</b>          Doctor's Surgery _____          Tel _____          Health Visitor _____          Tel: _____          Email _____</p> <p><b>Please list below other Agencies involved with key worker and contact details</b></p>
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## 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, together with information provided by the family, will be used to monitor how our support meets the family's needs.

Needs and Reason/s for Referral -

	✓	If you have ticked, please tell us <u>why</u> this is a need and how a volunteer might be able to help
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)		

### Additional Information

Please tell us if the family has issues relating to )please tick all that apply:-

Teenage Pregnancy (19 Yrs or younger)

Learning disabilities

Mental Health

Lone parent

Substance abuse

Domestic abuse

Post-Natal Depression

### Health & Safety Issues

Please tell us about any Health and Safety issues that we need to consider when placing a volunteer with this family, i.e, a large pet

Please add any background information that you think we would find useful:-

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 C1 being the eldest child	Gender		Date of birth	Immigration status			Considered to be disabled by main carer?		Child in Need or Child Care/Protection Plan?		Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group		Mixed	White		
	Male	Female		Asylum	Refugee	Pending	YES	NO	YES	NO	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic	Any mixed	British	Irish	Other White
C1.																							
C2.																							
C3.																							
C4.																							
C5.																							
C6.																							
C7.																							
C8.																							
C9.																							
C10.																							

<b>Details of any assessments for children's needs - Is any child subject to an assessment of needs such as CAF? Yes / No</b>	<b>Name and agency of lead professional</b>
Name of child	
1.	
2.	
3.	

# Home-Start Worthing & Adur

Charity No. 1133253

Family No .....

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

	Gender		Date of birth/or Age Range <25, 25-44, 45-60, 60 plus	Immigra- tion 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	Pending	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 .....

**Thank you for taking time to provide this information which will help us to process the referral.** If you would like to discuss this referral, please do not hesitate to contact us on 01903 236916.