**Referral form Date referral received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Please note that all referrals must be made with the consent of the individual or family. Have you discussed this referral with the individual / family prior to completing this form? YES / NO**

**Name of individual / family**………………………..………….………………………………………………………..…….……………………..

Address………………………………………………………………………….………………………………………………..…………..…………………

…………………………………………………………………………..…………Postcode ………………………………….………………..……………

Tel. No ………………….…………Mobile No ……………………....………E mail …………………………………………………………………

**Please provide some details about the individual care leaver or the adults caring for the child[ren]:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Main carer √ | Resident in household √ | Relationship to child/ren if applicable |
| Mother/partner |  |  |  |  |
| Father/partner |  |  |  |  |
| Other main carer[s] |  |  |  |  |
| Other main carer[s] |  |  |  |  |
| Care leaver |  |  |  |  |

**Referred by:………………………………………………………………….. Date of referral:………………………………………………**

|  |  |
| --- | --- |
| Name  Role  Agency  Address  E mail ………………………………………  Postcode  Tel | Family Doctor  Tel  Health Visitor  Tel  E mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other agencies involved |

**Please √ all that apply to this care leaver / family**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| lone parent **\*** | substance misuse | domestic abuse | mental health issues | learning disabilities | post natal depression | Interpreter required | teenage pregnancy 19 years or younger **\*** | other please specify |

**Are there any Health and Safety issues that we need to consider when placing a volunteer with this individual/family?:**

…………………………………………………………………………………………………………………………………………………………..……………………

……………………………………………………………………………………………………………………………………………………………………..…………

**Have you visited the family home? Y/N**

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

**Care leaver or family needs -** So that we can offer the individual/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. Individuals/families will not be prioritised on the basis of how many categories are ticked. This information, together with information provided by the individual/family, will be used to monitor how our support meets the individual’s/family’s needs.

**I hope that Home-Start Jersey will help meet needs the individual/family has in the following areas:**

|  |  |  |
| --- | --- | --- |
| **Individual/Family needs** | **√** | **If you have ticked, please tell us why this is a need** |
| Managing child’s behaviour |  |  |
| Being involved in the child(ren)’s development |  |  |
| Coping with own physical health |  |  |
| Coping with own mental health |  |  |
| Parent’s self-esteem |  |  |
| Coping with child’s physical health |  |  |
| Coping with child’s mental health |  |  |
| The day-to-day running of the house |  |  |
| Stress caused by conflict in the family |  |  |
| Coping with multiple birth/multiple children under 5 |  |  |
| Use of services |  |  |
| Coping with loneliness / isolation |  |  |
| Parents or individual’s own learning needs |  |  |
| Seeking employment / training |  |  |
| Help with particular skills e.g. cooking, household budgeting, etc |  |  |
| Establishing helpful routines |  |  |
| Other (please describe) |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Gender** | | **Date of birth** | **Immigration status** | | | **Consider themselves to be disabled** | **Asian or Asian British** | | | | **Black or Black British** | | | **Chinese or Other Ethnic Group** | | **Mixed** | **White** | | |
| Male | Female |  | Asylum seeker | Refugee | Pending | YES? | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean | African | Other | Chinese | Other Ethnic | Any mixed | British | Irish | Other White |
| Main Carer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partner living in household |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Referrer’s signature ……………………………………….. Date …………………………………**

**Individual’s or Parent’s signature …………………………………………. Date ………………………………… (optional)**

Thank you for taking time to provide this information which will help us to process the referral.

We are unable to process your referral until we have received this form

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

We will remain in touch while supporting this individual/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 care leaver/family please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of children**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name**  **Eldest first** | **Gender** | | **Date of birth** | **Immigration status** | | | **Considered to be disabled by main carer? √**  YES/NO? | **Asian or Asian British** | | | | **Black or Black British** | | | **Chinese or Other Ethnic Group** | | **Mixed** | **White** | | | **Subject to assessment of needs e.g. CAF/ UNOCINI  (√)** | **Who is the professional lead?** | **Child in need √** | **Child care/ protection plan (√)** |
| Male | Female |  | Asylum seeker | Refugee | Pending | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |