



Home-Start Thanet Family Referral form

Date referral received _____ Family Number _____

- Delays in support will occur if forms are incomplete and returned for completion
- Please note that all referrals must be made with the consent of the family (signature required).
- The family must have at least one child under the age of eleven years.

Home-Start
Thanet

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

	Full Name	Gender (M/F)	Date of birth	Main Carer (✓)	Resident in household (✓)	Immigration status	Considered Disabled (Y/N)	Ethnicity	Sexual Orientation
Main Carer									
Partner									
Other main carer[s]									
Other main carer[s]									

Address:.....

Postcode:.....

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

Please ✓ all that apply to this family:- Record for mesh (office only)

Lone parent	domestic abuse	mental health issues	learning difficulties	post-natal depression	interpreter required	teenage pregnancy 19yrs or younger	other please specify:
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<p>Referrers Name: Role: Agency: Address: Postcode: Tel: Email: Will you be continue to offer support into the family? Yes/No If yes please detail.</p>	<p>Family Doctor/Practice: Tel: Health Visitor: Tel: Other agencies involved:</p>
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Details of Children

Please complete those boxes which apply to any of the children. **Note** the terms above are nation-specific – not all will be relevant in your area.

Child/ren's names Eldest to youngest	Gender M/F	Date of Birth	Immigration status	Ethnicity	Considered to be disabled by main carer?	Subject to assessment of needs	The professional lead/agencies involved	Child in Need – Safeguarding issues/CAF	Child Care/ Protection plan

Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer Mentor, 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:

	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	Development of child's motor skills		
4	Speech and language support		
5	Improving child's social skills		
6	Coping with own physical health		
7	Coping with own mental health		
8	Coping with feeling isolated		
9	Parent's self-esteem		
10	Coping with child's physical health		
11	Coping with child's mental health		
12	The day-to-day running of the house		
13	Stress caused by conflict/change in the family		

14	Coping with multiple birth/multiple children under 5		
15	Health and mental issues as a result of poor nutrition/diet/exercise		
16	Lack of cooking skills/ motivation/knowledge		
17	Money Management / Debt		
18	Use of services		
19	Other (please describe)		

Additional needs

Adult mental health	Adult additional needs	Child mental health	Child additional needs	Adult/Child Substance Misuse
<input type="checkbox"/> Anxiety <input type="checkbox"/> Stress <input type="checkbox"/> Panic attacks <input type="checkbox"/> Depression <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> SEN <input type="checkbox"/> Learning difficulties <input type="checkbox"/> ASD <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Anxiety <input type="checkbox"/> Stress <input type="checkbox"/> Panic attacks <input type="checkbox"/> Depression <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> SEN <input type="checkbox"/> Learning difficulties <input type="checkbox"/> ASD <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's <input type="checkbox"/> Other (please specify)	

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

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.....

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

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.....
.....

Referrer's signature Date

Parent's signature Date

Please Return To:
Home-Start Thanet
Kent Innovation Centre
Thanet Reach Business
Park
Millennium Way
Broadstairs
Kent

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

- Please email the referral to **admin@homestartthanet.org.uk**
- We are unable to process your referral until we have received this form
- We will respond to you to acknowledge receipt of this referral
- If you have any issues or concerns about the referral process or the support for the family please contact Sharon Lewis on 01843 609665