

Home-Start Family Reference Number (for official use only): _____

Date received by Home-Start ____/____/____



HOME-START COTSWOLDS REFERRAL FORM

Contact us on 01285 885 391 to check availability

WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM.

Please note that referrals must be made with the consent of the family.

Referral check list (please tick to confirm eligibility):

- Family has at least one child under the age of 5 years
- Family lives in the Cotswold District Council area
- Family situation is safe for Home-Start to visit
- Family requires support that can be appropriately met by Home-Start volunteers
- ____/____/____ - date you discussed this referral with the family

This form will be held in confidence but may be shown to the family if requested.

DETAILS OF FAMILY	
Full Name of main carer:	
Family's address	
Family's telephone number:	
Mobile:	
Email address:	

AGENCIES	
<u>Referred by:</u>	Family Doctor: _____
Name: _____	Tel: _____
Agency: _____	Health Visitor: _____
Address: _____	Tel: _____
_____	Other agencies involved: _____
Tel: _____	_____

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 also helps us to evaluate the outcomes of our support.

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

	✓	If you have ticked, please tell us briefly why this is a need and how a volunteer might be able to help
1. Managing child's behavior		
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 extra work caused by multiple birth/multiple children under 5		
13. Use of services		
14. Other (please describe)		

Please tell us about any Health and Safety issues that we need to consider when placing a volunteer with this family

Please tell us if family has issues relating to (please tick and give details)

Lone parent
PND

Drug/alcohol abuse
Mental Health

Domestic violence
Illness

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

Referrers signature Date

Parents signature (optional) Date

Thank you.

If you have any questions please call us on: 01285 885391

Please return this form to:
Home-Start Cotswolds
33 Coxwell Street
Cirencester
GL7 2BQ

office@home-start-cotswolds.org.uk

Providing there are available volunteers at the time of referral, a Home-Start Co-ordinator will visit the family within 2 weeks of receiving this form and will let you know the date that volunteer visits will commence.