

**HOME-START REFERRAL FORM
BIG HOPES BIG FUTURES (BHBF)**

Date of referral: _____



- 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
- The family must have at least one child under the age of five years.

Family name (main carers surname)..... FAMILY NO: (Scheme use)

Address.....

..... Postcode

Tel. No Mobile No E mail

Please provide some details about the adults caring for the child[ren]:

		Name	DOB	Main carer ✓	Resident in household✓	Comments/Additional information (Disability/Language/Faith etc)			
Mother/partner									
Father/partner									
Other main carer[s]									
Other main carer[s]									
Lone parent	substance abuse	domestic abuse	mental health issues	Parent with learning disabilities /difficulties	post natal depression	interpreter required	teenage pregnancy 19yrs or younger	Parental literacy	other please specify
Children M/F	Name	DOB	CIN/ CPP	Nursery/School	Comments - eg Disability etc (see next page for details)				
C1									
C2									
C3									
C4									
C5									
C6									

Referred by:

Name	Family Doctor
Role	Tel:
Agency	Health Visitor
Address	Tel:
Postcode	Other agencies involved:
Tel	

Please add any Health and Safety background information that you think we would find useful and we may need to consider when placing a volunteer. (if necessary attach an extra sheet)

.....

.....

Smoking: Yes/No	Inside/Outside	Pets
------------------------	-----------------------	-------------

Details of children - Please note the family must have at least one child of pre-school age, (please include details of all children under 18)

Child's name Eldest first	Immigration status			Considered to be disabled by main carer? ✓ if yes	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 lead professional?	Child in need ✓	Child care/ protection plan (✓)	Nursery or School
	Asylum	Refugee	Pending		Indian	Pakistani	Banladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		Any mixed	British	Irish					
C1																						
C2																						
C3																						
C4																						
C5																						
C6																						

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

Details of other members of the household with responsibilities for caring for the children	Gender		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	Bngldshi	Other Asian	Caribbean	African	Other	Chinese		Other	Any	British
Main Carer																			
Partner living in household																			

Other																		
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Family needs - So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. **If you are referring to our school readiness programme the child in the home must need support in one of the areas labelled BHBF, referrals from Amber Valley must include one area labelled as BFBF.**

Family needs		If you have ticked, please tell us <u>why</u> this is a need.
Managing child’s behaviour – including routines and communication skills (BHBF)	✓	
Being involved in the child(ren)’s early leaning, development and socialisation (BHBF)		
Coping with own physical health		
Coping with own mental health		
Coping with feeling isolated		
Parent’s self-esteem/confidence		
Coping with child’s physical health		
Coping with child’s mental health		
Managing the household budget		
The day-to-day running of the house (Include if lack of stimulating materials available - BHBF)		
Stress caused by conflict in the family		

Coping with multiple birth/multiple children under 5 (If affecting learning/development of child - BHBF)		
Use of services (Specify if children specific, e.g. nursery/children centre - BHBF)		
Other - (please describe)		

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

FOR OFFICE USE ONLY

Has the family received Home-Start support previously Yes No

If yes when did the Home-Start support cease Date: _____

Date of organiser's first visit:

Six week waiting letter sent:

Date of introduction of volunteer:

Name of volunteer:

Date of withdrawal of Home-Start support:

Date referrer advised of closure:

Waiting List Review

DATE	NOTES
