

REFERRAL FORM

Single point referral for Home-Start across Birmingham
Please email to: bchnt.homestartreferrals@nhs.net
Website: homestartbirmingham.co.uk



(Office use only)	Family No:	Allocated FVC:
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Date Referral Sent		Date /Time referral Received	
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Part of the Birmingham Forward Steps Partnership

	NAME	DOB	Resident In Household ✓	Ethnicity	Parental ✓ Responsibility
Main Carer					
Partner					

Address of family including Post Code	
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Tel No:		Mobile No:	
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Email for Family (if available)	
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CRITERIA FOR SUPPORT: THE FAMILY MUST HAVE AT LEAST ONE CHILD UNDER 5 YEARS OF AGE.							
Name of Child	DOB	Gender M/F	CP/CIN /EHP	Disability Y/N	Ethnicity	NHS number	School

Referred by:	Other agencies involved with family
Name	Family GP & Contact no:
Role & Agency	Health Visitor & contact No
Address	Social Worker & Contact No
Tel:	Other agency & Contact no
Email:	Other agency & Contact no

Family Needs: So that we can offer the family the most appropriate support and match the most suitable volunteer, please complete the following. The information, together with the information provided by the family, will be used to monitor how Home-Start support meets the family's needs.

FAMILY NEEDS	✓	Please tell us why this is a need
1) Managing Children's Behaviour		
2) Being involved in children'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) 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 under 5's		
13) Use of services		
14) Other (please describe)		

PLEASE TELL US IF THE FAMILY HAS ANY ISSUES RELATING TO: Please tick all that apply and state who it relates to.

Lone Parent	Substance use	Domestic abuse	Mental Health	Learning Disability	Post Natal Illness	Teenage Pregnancy	Debt
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Please add any background information that you think would be useful. (if necessary please attach a separate sheet).

Are there any Health & Safety issues we need to be aware of when visiting this family or placing a volunteer in the family home?

Do the family have any pets/animals in the home? If yes please state type.

Please indicate the immigration status of the family: ✓

	Asylum Seeker	Refugee	Pending	Not/Applicable
Main Carer				
Partner				
Children:				

Details of assessments of children's needs if applicable.

Name of Child	Name of Lead Professional	EHP	CIN	CP	CIC	SEN	Early Support Plan
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Has the family consented to this referral? YES NO

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

- We are unable to process the referral until we have received this form.
- We will contact the referrer within 2 weeks of receipt of the referral form.
- We will remain in contact with the referrer whilst we are supporting the family and will inform you when support begins and ends.

PLEASE NOTE:

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

Receipt of this form **DOES NOT** mean support is immediate; we will inform you when support begins for the family.

I confirm that I have spoken to the family about this referral and it is made with their consent. I confirm that I have read and understand the information provided in this form.

Referrer's Signature.....Date.....

I consent to my personal data being shared with Home-Start for the purpose of this referral.

Parent's Signature.....Date.....

PLEASE ENSURE THE FAMILY HAVE SIGNED ABOVE
Return completed form to: bchnt.homestartreferrals@nhs.net