

REFERRAL FORM

Home-Start volunteers offer emotional support, reassurance and practical help as family friends, to help families to meet their needs. It is a relationship of equals, and it is essential that the family chooses to have our support.

Please return to:
 Home-Start Kirklees
 Unit 17s,
 Yorkshire Technology and
 Office Park
 Armitage Bridge
 Huddersfield HD4 7NR
 Telephone: 01484 665258

To enable us to proceed with this referral please ensure the following criteria are met:

- The family lives in the Kirklees area
- At least one child is under the age of 5
- The family has requested a volunteer

Please note

- referrals must be made with the consent of the family
- referrers must contact Home-Start before referring if the family is experiencing, or has experienced, domestic violence


Date of referral:		Family Number: <small>(for office use only)</small>	
Family name:	Address:		Tel No.
			Mobile No.
		Mother	Father
First Name			
Age			
Employed/Unemployed			

LANGUAGE REQUIREMENT (please specify) _____

ETHNIC ORIGIN OF MAIN CARER (Please tick appropriate box)

WHITE		MIXED		ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH		OTHER ETHNIC GROUP	
British		White/black Caribbean		Indian		Caribbean		Chinese	
Irish		White/black African		Pakistani		African			
Any other white background		White/Asian		Bangladeshi		Any other black background		Other ethnic group	
		Any other mixed background		Any other Asian background					
Names of Children	Date of Birth	Sex M/F	Registered disabled		Child Protection Register				
			Yes	No	Yes	No			

Referrer (Name)	Agency: Address: Tel No:
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Are Social Services involved with this family?	Are the family happy for us to inform their GP of this referral? Name of Doctor: Name of Surgery:	Do the family own a dog? 
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Please complete the table to help us assess if we are able to help.

		Tick <i>If appropriate</i>	<u>How</u> might a volunteer help?
1	Feeling isolated		
2	Using other services/facilities in the area		
3	Parent(s) emotional health/well-being		
4	Parent(s) self-esteem		
5	Parent(s) physical health/well-being		
6	Child(ren)'s physical health/well-being		
7	Child(ren)'s emotional health/well-being		
8	Managing the child(ren)'s behaviour		
9	Being involved in the child(ren)'s development		
10	Stress caused by conflict in the family		
11	The day-to-day running of the house		
12	Managing the household budget		
13	Coping with the extra work caused by multiple birth/multiple children under 5		
14	Prevent intervention of other agencies (ie Social Services)		
15	Other <i>(please describe)</i>		

To provide as complete a picture as possible, please tick appropriate boxes

<i>Drugs/alcohol</i>	<input type="checkbox"/>	<i>Imprisonment</i>	<input type="checkbox"/>	<i>Post Natal Depression</i>	<input type="checkbox"/>	<i>Violence/Abuse</i>	<input type="checkbox"/>
<i>Housing problems</i>	<input type="checkbox"/>	<i>Lone Parent</i>	<input type="checkbox"/>	<i>Pregnant</i>	<input type="checkbox"/>		<input type="checkbox"/>
<i>Child Disability (please specify)</i>	<input type="checkbox"/>			<i>Adult Disability (please specify)</i>	<input type="checkbox"/>		<input type="checkbox"/>

Please add any background information which you think we would find useful, especially any issues which may compromise the health or safety of a visitor to the home (if necessary, attach an extra sheet).