

**YAPs Project Referral form** Date received \_\_\_\_\_

Please telephone office prior to sending completed referral form



Support and friendship  
for families

Allocated Volunteer \_\_\_\_\_ Date Allocated \_\_\_\_\_

Information above for scheme use only

Return form to: Home-Start Shepway,  
24 Cheriton Gardens, Folkestone, Kent, CT20 2AS. (Tel: 01303 244836)

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

Name of family ..... Family Number (scheme use).....

Address.....

.....Postcode .....

Tel. No ..... Mobile No ..... E mail .....

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

	Name	Main carer ✓	Resident in household ✓	Comments
Mother/partner				
Father/partner				
Other main carer[s]				
Other main carer[s]				

**Referred by:**

**Date of referral:**

Name	Family Doctor
Role	Tel
Agency	Health Visitor
Address	Tel
E mail _____	E mail _____
Postcode	Other agencies involved
Tel	

**Please ✓ all that apply to this family:**

Lone parent	substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression	teenage pregnancy 19yrs or younger	other please specify
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Are there any Health and Safety issues that we need to consider when placing a volunteer with this family:

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.....

Have you visited the family home Yes / No

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

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

Child's name Youngest first	Gender		Date of birth	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 (✓) Pls ask for	Who is the lead professional?	Child in need ✓	Child care/ protection plan (✓)
	Male	Female		Asylum seeker	Refugee	Pending		Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese	Other Ethnic		British	Irish	Other White				
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

**Family needs** - 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, 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. 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 multiple birth/multiple children <b>under 8</b>		
13. Use of services		
14. Other (please specify)		
15. Parents own learning needs		

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

	Gender		Date of birth	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	Bangladeshi	Other Asian	Caribbean	African	Other	Chinese		Other Ethnic	Any mixed	British
Main Carer																				
Partner living in household																				

	RELIGION OR BELIEF									SEXUAL ORIENTATION		
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	Rather not say	Hetero sexual	Lesbian, gay man, bisexual	Rather not say
Main Carer												
Partner living in household												

Referrer's signature ..... Date .....

Parent's signature ..... Date ..... (optional)

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

We are unable to process your referral until we have received this form

We will try to respond to you within two weeks to tell you about progress with this referral.

We will remain in touch while supporting this family and will contact you when the support ends

If you have any issues or concerns about the referral process or the support for the family please contact 01303 244836.