

# Home-Start Renfrewshire & Inverclyde - Referral Form



Renfrewshire  
and Inverclyde

Date Received: \_\_\_\_\_ Family Number: \_\_\_\_\_

Have you discussed this referral with the family and are they happy for the referral to be made?	Yes/No
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**Section 1 - ALL SECTIONS MUST BE COMPLETED**

Family Name			
Address			
		Post Code	
Contact Number	Mobile or Home	Email Address	If available

**Referrer Details**

Name		Role	
Agency		Address	
		Post Code	
Contact Number		Email Address	
Have you visited the family in their own home			

**Please place an X at all that apply to this family**

Lone Parent	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>	Post Natal Depression	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>
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Substance Misuse	<input type="checkbox"/>	Interpreter Required	<input type="checkbox"/>	Teenage Pregnancy (19 years or younger)	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>
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Other (Please specify)		Perinatal	<input type="checkbox"/>	Care Experienced	<input type="checkbox"/>
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Is any member of the household currently pregnant?	Yes/No	If yes, what is EDD	Select a Date
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Family GP/Surgery/Health Visitor (If known)	
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Does this family have any involvement with other agencies? (e.g. Social Work/Women's Aid/Any NHS/Any Educational/CAHMS/Mental Health etc)

**\*If yes, please give full details below including - Agency, Contact Name, Number, Email**

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Are there any Health and Safety issues that we would need to consider when placing a volunteer with this family?	Yes/No
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**\*If you answered yes, please include information below:**

(e.g. pets, stairs, domestic abuse)

**Section 2: Please provide some details about the adults caring for the child(ren) ALL SECTIONS MUST BE COMPLETED**

	Name	Date of Birth	Main Carer?	Relationship to Child(ren) (If not parent)	Resident in Household	*Any known Criminal Convictions? (Violence/Domestic Abuse etc)	Consider Themselves Disabled?	Immigration Status (If applicable)	Ethnicity
<b>Mother/ Partner</b>	Full Name	Select Date	Yes/No		Choose Answer	Choose an Answer.	Yes/No	Choose One	Choose One
<b>Father/ Partner</b>	Full Name	Select Date	Yes/No		Choose Answer	Choose an Answer.	Yes/No	Choose One	Choose One
<b>Other Carer</b>	Full Name	Select Date	Yes/No		Choose Answer	Choose an Answer.	Yes/No	Choose One	Choose One

\*This is to assess risk for staff and volunteers, we may contact you for more information.

**Section 3: Please Provide Details of All Dependent Children in The Household ALL SECTIONS MUST BE COMPLETED**

		GIRFEC Please Select any Identified Needs (put X in box)													
	Name	Date of Birth	Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included	Gender	Disabled?	Immigration Status	Ethnicity	Child Care/ Protection Plan?
C1.	Full Name	Select Date									Choose One.	Yes/No	Choose an item.	Choose an item.	Yes/No
C2.	Full Name	Select Date									Choose One.	Yes/No	Choose an item.	Choose an item.	Yes/No
C3.	Full Name	Select Date									Choose One.	Yes/No	Choose an item.	Choose an item.	Yes/No
C4.	Full Name	Select Date									Choose One.	Yes/No	Choose an item.	Choose an item.	Yes/No
C5.	Full Name	Select Date									Choose One.	Yes/No	Choose an item.	Choose an item.	Yes/No

\*If there are additional children, please add into background information page.

**Section 4 - Family Needs:** So that we can offer the family the most appropriate support, please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised based on 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.

	Family needs	X	Please describe the 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 under 5		
13	Use of services		
14	Other (please describe)		

**Section 5: Please include any background information that you think we would find useful including GIRFEC information (please attached an additional sheet if required)**

**Referral Acknowledgement**

Once received and processed, we will acknowledge receipt of this referral by email. We will keep you informed as matters progress and make arrangements to speak once support has been agreed. We would ask that if you become aware of any changes in the families circumstances you let us know. **The family will not be receiving support until we confirm this with you.**

**Please confirm with X the following sections have been completed, this form will not be processed without this information**

Section 1 – Family/Referrer Information	
Section 2 – Parent/Carer Information	
Section 3 – Child(ren) Information	
Section 4 – Family Needs	
Section 5 – Background Information	

Referrer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If parent is not available to sign have you received their consent for this referral? YES/NO**

**Please return this referral to the Home-Start Office in the Area that this family lives in (preferably by email to [referrals@hsri.org.uk](mailto:referrals@hsri.org.uk)):**

**Renfrewshire**

renfrewshire@hsri.org.uk  
 St James House  
 25 St James Street  
 Paisley  
 PA3 2HQ  
 0141 889 5272

**Inverclyde**

inverclyde@hsri.org.uk  
 Clarence House  
 7 Hood Street  
 Greenock  
 PA15 1YQ  
 01475 603 441