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Self-Referral form

**Section A**

***(Scheme use)*** *Date referral received Family Number ……………………. Organiser/Co-ordinator name:…………………………..*

**Who is answering the questions: Mother (please identify)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of family**  | **Date:**  | **Tel No:**  | **Mobile No:** |
| **Address:**  | **Post Code:** | **E-mail:**  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Main carer √ | Resident in household√ | Relationship to child/ren if applicable |
| \*Mother/partner |  |  |  |  |
| \*Father/partner |  |  |  |  |
| Other main carer[s]  |  |  |  |  |
| Other main carer[s] |  |  |  |  |

How did you hear about Home-Start?

1= Friends/family/neighbour 2= Health visitor  3= Social worker 4= other

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Phone number** |
| Family GP |  |  |
| Health Visitor |  |  |

**Please √ all that apply to this family**: **\*See guidance for definitions**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lone parent | Substance misuse  | Domestic abuse Survivor/Perpetrator | Mental health issues | Learning disabilities | Post natal depression | Interpreter required | Teenage pregnancy 19yrs or younger | other please specify |

|  |
| --- |
| **Are there any Health and Safety issues you would like us to know about? eg any restrictions, pets, obsticles** |
|  |
| **Please add any background information that you think we would find useful (if necessary attach an extra sheet)** |
|  |

 **Details of Children Please record all dependent children in the household**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name****Eldest first** | **Gender** | **Date of birth**  | **Immigration status** | **Considered to be disabled by main carer?** | **Asian or Asian British** | **Black or Black British** | **Chinese or Other Ethnic Group** |  |  |  | **Mixed** |  | **White** |  | **Who is the professional lead? e.g. CAF** | **Child in need √** |  **Child care/Protection plan**  |
| Male | Female | Asylum seeker | Refugee | Pending | YES/NO | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean  | African | Other | Chinese | Other Ethnic | White and Asian | White and Black African | White and Black Caribbean  | Any mixed | British | Irish | European | Other White | **Subject to assessment of needs e.g. CAF ( √)** |
| C1. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| C2.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |   |  |  |  |  |
| C3.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| C4.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| C5.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| C6.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |  |   |  |  |  |  |
| C7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Details of other members of the household with responsibilities for caring for the children (Please ensure all details are completed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter Name below** | **Gender** | **Date of Birth** | **Immigration status** | **Consider themselves to be disabled** | **Native language if not English**  | **Asian or Asian British** | **Black or Black British** | **Chinese or Other Ethnic Group** |  | **Mixed** |  |  | **White** |
| Male | Female | Asylum seeker | Refugee | Leave to remain | Pending |  YES/NO | Please specify below | Indian | Pakistani | Bangladeshi | Other Asian | Caribbean  | African | Other | Chinese | Other Ethnic | White and Asian | White and Black African | White and Black Caribbean  | Any mixed | British | Irish | European | Other white |
| Main Carer: |   |   |   |   |  |   |   |   |  |    |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |  |
| Partner living in household: |   |   |   |    |  |   |   |   |  |   |   |   |   |   |   |   |   |   |  |  |  |   |   |   |   |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick preferred support option:** \*please note we will triage at point of contact. | **Embrace:**Parent and child ( 0-3years) Perinatal and Infant Mental Health 6 week programme. | **Volunteer:**Weekly home-visiting support | **Connection Cafés:** Facilitated, peer support, friendships and connections.  | **Sunflowers-School Readiness :** Parent and child ( 3+-5years) 6 week programme  |

Parent’s signature ……………………….………. Date ………………………… (optional)

Thank you for taking time to provide this information. For us to proceed Please check that all fields are completed including full contact details for the family.

Email office@home-starterewash.co.uk

Web [https://home-starterewash.co.uk](https://home-starterewash.co.uk/)

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