**HOME-START SOUTH LEICESTERSHIRE**
***[covering the Harborough District]***

# Referral Form – Active Families Project

(*Office use only)*
**HSSL Family ID No:** _____ **SE Family ID No:** _____

**WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM**

***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____*

***This form will be held in confidence but may be shown to the family if requested.***
We try to respond to all referrers within 2 weeks after receiving the referral to report progress.
If you have any issues or concerns about the referral process or the support for the family, please contact Becky Judson, Family Coordinator.

***Name of Family:*** _____ ***Date:*** _____

Address: _____

_____ Post Code: _____

Tel: _____ Mobile: _____

E-mail: _____

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

| *Office use only* ***Part. ID No.*** | **NAME** | **M / F** | **Main Carer ✓** | **Relationship to child (if applicable)** | **Resident in household ✓** | **Date of Birth** | **Do they consider themselves disabled? Y / N** ***(Give details overleaf)*** | **Ethnicity** ***(see below*)*** |
|---|---|---|---|---|---|---|---|---|
| | **Mother / Partner:** | | | | | | | |
| | **Father / Partner:** | | | | | | | |
| | **Other Main Carer(s):** | | | | | | | |

**Please provide some details about the children (include details of all children under 18)**

| *Office use only* ***Part. ID No.*** | **NAME of Child/ren** | **M / F** | **Date of Birth** | **Considered to be disabled by main carer? ✓** ***(Give details overleaf)*** | **CPP ✓** | **Child in Need ✓** | **Looked after Child ✓** | **Other Social Care ✓** | **Ethnicity** ***(see below*)*** |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**** ETHNICITY (Please use abbreviations below)***

| | | | | | |
|---|---|---|---|---|---|
| ASIAN OR ASIAN BRITISH<br>Indian (**AI**) Pakistani (**AP**)<br>Bangladeshi (**AB**) Other Asian (**OA**) | BLACK OR BLACK BRITISH<br>Caribbean (**BC**)<br>African (**BA**) Other (**OB**) | CHINESE (**C**) | ANY MIXED (**M**) | OTHER ETHNIC GROUP (**OE**) | WHITE<br>British (**WB**) Irish (**WI**)<br>Gypsy/Traveller (**G/T**)<br>Other White (**OW**) |

| | |
|---|---|
| **Referred by**:<br>Name _____ Self * _____<br>Agency_____<br>Address _____<br>_____<br>_____<br>Tel _____ | **Family Doctor** _____<br>Tel _____<br>**Health Visitor** _____<br>Tel _____<br>**Other Agencies involved**<br>_____<br>_____ |

*Please tell us if an interpreter is required for this family YES / NO*

## Specific Physical Activity Needs

**PARENTS**

**Barriers to engage :**

**Motivation Issues :**

---

**CHILDREN**

**Barriers to engage :**

**Motivation Issues :**

**Disability** (tick if applicable) Parent ☐ Child ☐

**Physical Illness** (tick if applicable) Parent ☐ Child ☐

If TICKED, please give details:

**Brief comments on other needs being supported by SLF:**

| | | ✓ | *If you have ticked, please tell us why 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 the extra work caused by multiple birth/multiple children under 5** | | |
| 13 | **Use of services** | | |
| 14 | **Other (please describe)** | | |
| 15 | **Parents' own learning needs** | | |

**Please tick all boxes relevant to this family's situation:**

| | | | | | |
|---|---|---|---|---|---|
| Lone parent | ☐ | Teenage mother | ☐ | Workless household | ☐ |
| Parental conflict | ☐ | Migrant / Asylum seeker family | ☐ | Family of offender | ☐ |
| Parent with learning Difficulties | ☐ | Drug/alcohol issue in household | ☐ | Family in temporary accommodation | ☐ |
| Multiple birth | ☐ | Domestic abuse in household | ☐ | Traveller family | ☐ |
| Post-Natal Illness | ☐ | Other Mental Health | ☐ | LGBT | ☐ |

**Are there any HEALTH, SAFETY or SAFEGUARDING ISSUES that we need to consider when placing a volunteer with this family, e.g.** **YES** ☐ **NO** ☐

- **Safeguarding or Safety Plans**
- **Drug/Alcohol Issues/Misuse**
- **Confidential Address to Protect from DSVA**
- **Pets (especially dogs) re safety and allergies**

**If YES, please give details:-**

**Have you visited the family in the home? YES / NO**

**Referrer's Signature :** ..... **Date:** .....

**Main Carer's Signature (*optional*) :** ..... **Date:** .....

**Thank you for taking time to provide this information which will help us to process the referral.**
We will try to respond to you within two weeks from receipt to tell you about progress with this referral.

**RETURN COMPLETED FORMS TO:**

**Home-Start South Leicestershire**
**121 Coventry Road**
**Market Harborough**
**Leics**
**LE16 9BY**

**Tel: 01858 467982**
**Fax: 01858 468177**