

For Office use only  
 Family no:  
 Date received:  
 Co-Ordinator Allocated:  
 Project code(s):

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 the form? (Please circle)	YES	NO
Date referral is being made:		

Family Names				
Address (including town)				
Postcode				
Telephone number				
Mobile number				
Email				
	<b>Mother/Main Carer</b>		<b>Father/Partner</b>	
Name and Surname				
Date of birth				
Relationship to Children				
Ethnicity				
Resident in household	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consider themselves to be disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Record the names of children aged 11 years or under only	Date of Birth	M / F	Ethnicity **	Considered to be disabled by main carer? Y / N	Is child undergoing CAF / TAC procedures?	Who is lead Professional?	Child in Need ✓	Child protection ✓

** Ethnicity codes	(1) Indian	(2) Pakistani	(3) Bangladeshi	(4) Other Asian	(5) Black Caribbean	(6) Black African
(7) Black Other	(8) Chinese	(9) Other Ethnic	(10) Any Mixed	(11) White British	(12) White Irish	(13) Other White

**FAMILY INFORMATION**

Any other agencies involved:	
Background information (Please use separate sheet if required):	

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

Lone parent	substance abuse or history of substance abuse	domestic abuse	mental health issues	learning disabilities	post natal depression
interpreter required	teenage pregnancy 19yrs or younger	School readiness	Limited access to transport	Finance Issues	

So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note there is **not** a 'points' system.

Families will not be prioritised on how many categories are ticked.

	Please tick	Please tell us why this is a need
1. Managing children's behaviour		
2. Being involved in the children's development/learning		
3. Coping with own physical health		
4. Coping with own mental health		
5. Coping with feeling isolated		
6. Parents self esteem		
7. Coping with child's physical health		
8. Coping with child's mental health		
9. Managing the household budget or debts		
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 other services		
14. Other		
15. Parents own learning needs		
Would Family Group Support be beneficial?	Yes/No	
Does the family have any connection to the Military?	Yes/No	Details:

**Are there any Health and Safety issues/risk factors that we need to consider when placing a volunteer with this family?**

Continued.....

The family should be informed that Families Together Suffolk retains essential information about their support which is used by for monitoring and evaluation purposes.

These records are kept securely and are subject to the provisions of the Data Protection Policy and Confidentiality Policy.

Referred By:		Role:	
Agency & Address:			
Telephone No:		Email Address:	
Referrers Signature:		Date:	
Parents Signature (where possible)		Date:	

**Please return to Families Together Suffolk via email or post:**  
info@famielstogethersuffolk.org.uk or  
Families Together Suffolk, 20 Broad Street, Eye, Suffolk IP23 7AF