

Referral/Initial Visit Form for Self Referrals
 (for all other referrals please use Referral and Initial Visit Forms)

Section A

Home-Start Family No.: _____

Scheme code: _____

Organiser/Co-ordinator name: _____

Who is answering the questions: Mother/Father/Other (please identify)

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

Please give details of adults caring for the children:

| | Name | Main carer please tick | Resident in household please tick | 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's circumstances: See Guidance for definitions *

| | | | | | | | | |
|---------------|-----------------|----------------|----------------------|-----------------------|-----------------------|----------------------|--------------------------------------|----------------------|
| Lone parent * | substance abuse | domestic abuse | 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 that we need to consider when placing a volunteer with your family:

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

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

| | 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 | | | | | | | | | | | | | | | | | | | | |

