

Please use this chart to provide ethnicity details

Indian 1	Other Asian 4	Other Black 7	Any mixed 10	Other White 13
Pakistani 2	Caribbean 5	Chinese 8	White British 11	Heterosexual 14
Bangladeshi 3	African 6	Other Ethnic 9	Irish 12	Lesbian/Gay/Bi-sexual 15

Details of carers and children (please include details of all children under 18)

Please list parents' details then children's- oldest child first				Gender	Date of birth	Learning Disability	Considered disabled	Ethnicity Number	Immigration status	
		Main Carer Yes / No	Resident in household Yes / No						Asylum seeker	Refugee
Mother/partner Full Name		Main Carer Yes / No	Resident in household Yes / No	M / F		Y / N	Y / N			
Father/partner Full Name		Main Carer Yes / No	Resident in household Yes / No	M / F		Y / N	Y / N			
Other members		Main Carer Yes / No	Resident in household Yes / No	M / F		Y / N	Y / N			
Child1 Full Name				M / F		Y / N	Y / N			
Child 2 Full Name				M / F		Y / N	Y / N			
Child 3 Full Name				M / F		Y / N	Y / N			
Child 4 Full Name				M / F		Y / N	Y / N			
Child 5 Full Name				M / F		Y / N	Y / N			
Child 6 Full Name				M / F		Y / N	Y / N			
Child 7 Full Name				M / F		Y / N	Y / N			
Child 8 Full Name				M / F		Y / N	Y / N			

Details of any assessments to date (please tick)

Name of child	EARLY HELP	Child in Need	Child care/ protection plan	Name of LEAD PROFESSIONAL & AGENCY
1				
2				
3				
4				
5				
6				
7				
8				

Family Needs- So that we can offer the family the most appropriate support, and match the most suitable volunteer, please complete the following table. Please note that there is not a 'points' system. Families will not be prioritised on the basis of 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.

I hope that Home-Start will help meet needs the family has in the following areas:

Family needs	√	If you have ticked, please tell us <u>why this is a need</u>
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)		
15. Parents own learning needs		

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

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

Referrer signature		Date:
Parents signature		Date:

Thank you for taking time to provide this information which will help us to process the referral.
We are unable to process your referral until we have received this form
We will try to respond to you within two weeks to tell you about progress with this referral.
We will remain in touch while supporting this family and will contact you when the support ends
If you have any issues or concerns about the referral process or the support for the family, please contact the manager.

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